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TWENTY-FIRST ANNUAL REPORT

OF

THE TRUSTEES

OF THE

STATE LUNATIC HOSPITAL

AT

T A U N T O N .

STATE LIBRARY

OCTOBER, 1874-1883

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Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The Trustees of the Taunton Hospital respectfully submit their Twenty-First Annual Report, together with those of the Superintendent and Treasurer:

The additional buildings and improvements for the hospital authorized by the legislature, and which were commenced during the year previous, have been nearly completed. The west wing has been finished and is now occupied, and the east wing has been completed, with the exception of the finishing inside, and we expect that this will be ready for the reception of patients in the early spring.

A large and convenient boiler-house has been erected, and four boilers have been placed in the same, with abundant space for another when needed. A new engine, of ample capacity, has been provided; and a compact room for a machine-shop, fitted for the necessary repairs, occupies a portion of the boiler-house. Here, under the superintendence of the Engineer, Mr. R. D. Godding, we are enabled to fit all the pipes for the heating apparatus and other wants of the hospital.

This arrangement will save a large amount of outlay incident to the present additions and enlargement of the hospital, and also considerable annual expenditures for necessary repairs; and will also enable us promptly to meet and remedy the accidents and defects incident to the complicated and diverse kinds of machinery and apparatus necessarily con-

nected with such an institution. We refer, with much satisfaction, to the engine-house, machine-shop, engine, new heating apparatus and the many new and modern improvements secured for the benefit and convenience of the hospital, not doubting that they will compare favorably with others in similar institutions.

For these additions and improvements we are indebted to our excellent and very competent Engineer, Mr. R. D. Godding, supplemented and aided by our Superintendent, both theoretically and practically.

The occupancy of the finished new wing of the hospital has relieved us, to considerable extent, from the crowding of the rooms and halls, and when the other wing is completed we shall be able to afford much more comfortable and convenient accommodations for all classes of patients.

The result of the treatment of patients compares favorably with the average of former years. The farm is steadily improving; but owing to the construction of the new buildings, the work upon the soil has necessarily been interrupted, and the production this year must, in consequence, be less, to a considerable extent.

The legislature, last winter, passed a law requiring boxes, with locks, to be placed in each hall for the depository of any letters which the patients might desire to be sent to the state officials appointed to receive them, and the contents of which they might not wish the officers of the hospital to know.

These boxes have been accordingly provided, and all the patients can now ventilate their wrongs, sorrows or abuses, if any such exist, without any fears of espionage from the powers that govern within. We do not think, however, that this provision will prove any more satisfactory to that class, who are so persistent in doubting the integrity and summarily condemning the various officers entrusted with the management of our hospitals, than the other arrangement, which allowed the Superintendent to read and decide whether the correspondence was such as should be forwarded or not. And we are quite sure that the officers whose duties require the perusal of these insane missives will never become "well read" (in the true sense) in this department (however pleasant the pastime may prove), nor anxiously seek a re-appointment hereafter.

We have no desire to denounce or disapprove of the sentiment which demands all proper safeguards for the kindest treatment of our insane and the prevention of the confinement of any persons under false representations. But it is necessary that *some* persons should have charge of our institutions for the insane, and consequently some parties must finally be relied upon, notwithstanding committees may be appointed for that purpose *ad infinitum*.

The character of those who are appointed by the executive to fill the offices in connection with our public institutions, and who give their time and services without compensation, should certainly be counted as something,—to say nothing of their morality, humanity, honesty or integrity. We believe, and think we are justified in stating, that the trustees and managers of the hospitals in Massachusetts are entitled to the confidence of the community, so far, at least, as the administration of their trusts is concerned; and that under no circumstances would they allow any abuses in the management of the hospitals under their control to exist after discovery, much less would they become parties to any arrangement for the confinement and detention of persons in sound mind by *any* parties for *any* purpose.

There is a great quantity of sympathy, much more *apparent* than *real*, manifested by travelling missionaries, and others in want of employment at the public or private expense, for the well-being of the inmates of our asylums and other charitable institutions; and such, no doubt, think the management of these charities would be greatly improved and benefited, and the inmates made much more comfortable and contented, provided these good Samaritans could take the places of the present officials. But it is *just possible* that, if such should be the case, they might find out, after a little experience, that it was not quite so easy a matter to govern and control some five hundred or six hundred lunatics of all kinds and classes, from the harmlessly demented to the furiously insane, as they had supposed.

The Trustees have heard with sincere regret of the recent decease of Hon. Charles Edward Cook, one of their associates until the commencement of the last year, when, in consequence of failing health, he declined a re-appointment.

Mr. Cook has been associated in some form with our state hospitals for a period of about thirty years. He was connected with the South Boston Hospital many years, and was appointed a trustee of this institution in 1853; and from its first opening, in 1854, he served in that capacity until his declination, a period of twenty years. His attendance was very uniform, and no other member, perhaps, numbered so many days of service during each year. His heart was in this institution of charity, and he freely gave his time, influence, good will and labor in furtherance of its prosperity and successful management. He was liberal, generous, sympathetic, humane and invariably manifested a tender regard and interest for the unfortunate inmates, in whose behalf he labored earnestly and sincerely for so many years.

His record is now made up here, and he has left us to read its counterpart recorded upon the imperishable tablets of the happier land. May his welcome there be, "Well done, good and faithful servant." We tender herewith our cordial sympathies to his family and friends.

For the general routine, details and statistics of the year now closed, reference is made to the concise and satisfactory report of the Superintendent.

The extraordinary labor incident to the erection of the additions to the hospital has imposed a double burden upon the Superintendent during the year, and we are happy to state that he has acquitted himself, under his new responsibilities, to the entire satisfaction of the Trustees. They have pleasure, also, in acknowledging their satisfaction for the manner in which the duties of the Assistant Physician, Treasurer, Clerk, and all the subordinate officers have been performed.

With the best wishes for the future success and prosperity of the hospital, we commit it to the care, liberality and watchful supervision and attention of the State.

C. R. ATWOOD,
GEO. HOWLAND, JR.,
OLIVER AMES,
SIMEON BORDEN,
LEBARON RUSSELL,

Trustees.

LIST OF PERSONS

*Employed at the Taunton Lunatic Hospital, September 30, 1874,
with their compensation.*

Superintendent and Physician,	(per year), \$2,500 00
Assistant Physician,	" 1,200 00
Clerk and Treasurer,	" 1,200 00
Supervisor (male),	" 500 00
Supervisor (female),	" 300 00
Housekeeper,	" 300 00
Seamstress,	" 200 00
Engineer,	(per month), 75 00
Baker,	" 40 00
Assistant Baker,	" 25 00
Assistant Supervisor (male),	" 30 00
Assistant Supervisor (female),	" 20 00
Coachman,	" 30 00
Gardener,	" 30 00
Night Watchman,	" 30 00
Painter,	" 25 00
Fireman,	" 30 00
Fireman,	" 25 00
Farmer,	" 30 00
Farm hands (2),	" 25 00
Laborers (4),	" 25 00
Laborer (1),	" 10 00
Attendants (male) (14),	" 25 00
Attendants (female) (6),	" 16 00
Attendants (female) (5),	" 14 00
Assistant Seamstresses (2),	" 14 00
Laundress,	(per week), 4 00
Laundress girl,	" 3 50
Laundress girls (3),	" 3 00
Cook (1),	" 4 00
Cooks (3),	" 3 00
House Attendants (2),	" 3 00

• INVENTORY OF STOCK AND SUPPLIES

On hand, September 30, 1874.

Live stock on the farm,	\$3,503 00
Produce of the farm on hand,	1,650 00
Carriages and agricultural implements,	1,733 75
Machinery and mechanical fixtures,	25,300 00
Beds and bedding,	19,651 70
Other furniture,	10,221 57
Furniture in the Superintendent's department,	1,650 00
Dry goods,	3,364 86
Provisions and groceries,	1,534 10
Fuel,	5,000 00
Drugs and medicines,	362 00
Library,	500 00
	<hr/>
	\$74,470 98

TREASURER'S REPORT.

I respectfully submit the following Report of the finances of this institution for the year ending September 30, 1874.

ASSETS.

134 acres of land, at \$200 per acre,	\$26,800 00
Hospital building,	275,000 00
Brick barn and stable,	8,000 00
Other out-buildings and wall,	7,000 00
	<hr/> \$316,800 00

Personal Estate.

Stock and supplies on hand, as per inventory appended to the Trustees' report,	74,470 98
Reserve fund,	11,000 00
	<hr/>
Total Assets,	\$402,270 98

RECEIPTS.

Cash on hand, September 30, 1873,	\$1,886 67
Received from the state treasurer,	20,755 67
from towns,	57,891 63
from individuals,	14,436 66
from interest,	770 00
from sales,	706 02
	<hr/> \$96,446 65

PAYMENTS.

1st. Salaries, wages and labor,	\$19,549 50
2d. Provisions and supplies, viz. :—	
Meats of all kinds,	\$8,749 03
Fish of all kinds,	1,492 93
	<hr/>
Amounts carried forward,	\$10,241 96 \$19,549 50

<i>Amounts brought forward,</i>	.	.	\$10,241 96	\$19,549 59
Fruit and vegetables,	.	.	2,588 08	
Flour and bread,	.	.	6,523 35	
Grain and meal for table,	.	.	565 29	
Grain and meal for stock,	.	.	1,592 21	
Tea, coffee and broma,	.	.	1,906 88	
Sugar and molasses,	.	.	3,933 20	
Milk, butter and cheese,	.	.	7,899 74	
Salt and other groceries,	.	.	3,933 50	
				<hr/>
				39,184 21
3d. Clothing,	.	.	.	7,059 51
4th. Fuel and light,	.	.	.	14,476 33
5th. Medicines and medical supplies,	.	.	.	956 17
6th. Furniture, beds and bedding,	.	.	.	5,616 45
7th. Transportation,	.	.	.	552 99
8th. Construction and repairs,	.	.	.	3,767 14
9th. Miscellaneous expenses,	.	.	.	5,056 28
				<hr/>
				\$96,218 67

LIABILITIES.

Salaries and wages due October 1,	.	.	.	\$2,791 72
Miscellaneous bills due,	.	.	.	8,996 46
				<hr/>
				\$11,788 18

Due the institution for board, October 1:—

From towns,	.	.	.	.	.	\$14,600 01
State,	.	.	.	.	.	6,893 55
individuals,	.	.	.	.	.	3,428 39
Cash on hand, September 30, 1874,	.	.	.	.	.	228 07
						<hr/>
						\$25,150 02

SUMMARY.

Total receipts,	.	.	.	.	.	\$96,446 65
Total payments,	.	.	.	.	.	96,218 58
						<hr/>
						\$228 07
Total liabilities,	.	.	.	.	.	\$11,788 18
Total debts due the institution,	.	.	.	.	.	24,921 95
						<hr/>
						\$13,133 77

Current expenditures,	\$96,218 58
Dividing this sum by 481, the average number of patients, we have, as the annual cost of each patient,	\$200 04
And the average weekly cost,	3 85

JOHN KITTREDGE, *Treasurer.*

TAUNTON LUNATIC HOSPITAL, }
TAUNTON, Oct. 13, 1874. }

The undersigned, a Committee of the Trustees appointed for the purpose, have this day examined the foregoing account, and compared it with the vouchers, and find it correct.

GEO. HOWLAND, JUN.,
SIMEON BORDEN,
Committee.

SUPERINTENDENT'S REPORT.

To the Trustees of the Taunton Lunatic Hospital.

GENTLEMEN:—I have the honor to submit for your consideration the Report of the operations of the Hospital during the year ending September 30, 1874.

TABLE NO. 1.

	Males.	Females.	Totals.
Number of patients remaining September 30, 1873,	238	196	434
Number of patients admitted since September 30, 1873,	237	218	455*
Number of patients under treatment during the year,	475	414	889
Number of patients discharged during the year,	175	139	314†
Number of patients deceased during the year,	37—212	30—169	67—381
Number of patients remaining September 30, 1874,	263	245	508

* 8 males, 4 females, re-admitted within the year. † Including 10 by elopement.

TABLE NO. 2.

Monthly Statement of Admissions, Discharges and Deaths.

TIME.	Admitted.	Discharged.	Died.
September,	42	20	6
October,	47	12	4
November,	25	39	6
Autumn,	— 114	— 71	— 16

TABLE No. 2—Continued.

T I M E .						Admitted.	Discharged.	Died.
December,	.	.	.	.	.	50	22	9
January,	.	.	.	.	.	44	25	6
February,	.	.	.	.	.	23	19	4
Winter,	.	.	.	.	.	— 117	— 67	— 19
March,	.	.	.	.	.	39	27	5
April,	.	.	.	.	.	38	25	7
May,	.	.	.	.	.	47	31	8
Spring,	.	.	.	.	.	— 124	— 83	— 20
June,	.	.	.	.	.	39	25	3
July,	.	.	.	.	.	32	41	4
August,	.	.	.	.	.	29	27	5
Summer,	.	.	.	.	.	— 100	— 93	— 12
Totals,	.	.	.	.	.	455	314	67

TABLE No. 3.

Condition of those Discharged.

	1874.			PREVIOUSLY.			Total in Twenty- One Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Recovered,	40	53	93	927	868	1,795	1,888
Improved,	99	63	162	538	518	1,056	1,218
Unimproved,	36	23	59	543	584	1,127	1,186
Died,	37	30	67	439	384	823	890
Totals,	212	169	381	2,447	2,354	4,801	5,182

TABLE No. 4.

Ratio of Recoveries.

YEARS.	Average No.	No. of Admissions.	No. of Discharges.	Recoveries.	Ratio of Recoveries to Avg. No.	Ratio of Recoveries to Admissions.	Ratio of Recoveries to Discharges.
1854,	210	230	91	33	17.14	10.91	39.56
1855,	251	167	144	70	27.88	41.91	48.61
1856,	280	185	149	62	22.14	33.51	41.61
1857,	312	207	178	82	26.28	39.61	46.07
1858,	328	223	249	84	25.61	37.67	33.77
1859,	335	231	191	98	29.25	42.42	51.30
1860,	365	245	225	101	27.67	41.23	44.88
1861,	386	252	202	119	30.86	47.22	58.91
1862,	425	208	198	87	20.43	42.59	43.93
1863,	421	196	215	87	20.66	44.39	40.46
1864,	389	203	242	99	25.45	48.77	40.90
1865,	353	197	217	89	25.21	45.18	40.01
1866,	355	208	210	78	21.97	37.50	32.32
1867,	379	265	230	90	23.74	33.96	39.13
1868,	389	273	251	101	25.96	36.99	40.23
1869,	391	265	280	101	25.83	38.11	36.07
1870,	388	375	376	112	28.86	29.89	29.78
1871,	396	380	380	113	28.58	29.74	29.74
1872,	408	446	414	105	25.73	23.54	25.36
1873,	434	431	411	81	18.66	18.79	19.71
1874,	481	455	381	93	19.12	20.44	24.40

TABLE No. 5.

Character of Insanity.

	1874.			PREVIOUSLY.			Total in Twenty-one Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Mania,	108	127	235	1,388	1,347	2,735	2,970
Melancholia, . . .	34	42	76	304	382	686	762
Monomania, . . .	1	3	4	101	78	179	183
Dementia,	84	42	126	900	742	1,642	1,768
Congenital Imbecility,	9	4	5	7	5	12	17
Paresis (since 1870),	9	—	9	28	2	30	39
Not insane, . . .	—	—	—	3	—	3	3
Totals,	237	218	455	2,731	2,556	5,287	5,742

TABLE No. 6.

Duration of Disease before Admission.

	1874.			PREVIOUSLY.			Total in Twenty- one Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Less than 3 months, .	65	88	153	1,093	1,066	2,159	2,312
Betw'n 3 and 6 mos.,	26	27	53	288	297	585	638
6 and 12 mos.,	34	18	52	260	212	472	524
1 and 2 yrs., .	31	23	54	305	267	572	626
2 and 3 yrs., .	18	14	32	204	161	365	397
3 and 4 yrs., .	7	7	14	107	111	218	232
4 and 5 yrs., .	6	9	15	86	83	169	184
5 and 10 yrs., .	30	20	50	205	207	412	462
10 and 20 yrs., .	13	7	20	124	112	236	256
Over 20 years, . .	7	5	12	59	40	99	111
Totals, . .	237	218	455	2,731	2,556	5,287	5,742

TABLE No. 7.

Duration of Insanity before Admission in those Discharged Recovered.

	1874.			PREVIOUSLY.			Total in Twenty- one Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Less than 3 months, .	22	39	61	535	494	1,029	1,090
Betw'n 3 and 6 mos.,	8	9	17	79	86	165	182
6 and 12 mos.,	5	4	9	47	50	97	106
1 and 2 yrs., .	2	—	2	33	32	65	67
2 and 3 yrs., .	1	—	1	25	18	43	44
Over 3 years, . .	2	1	3	29	33	62	65
Totals, . .	40	53	93	748	713	1,461	1,554

TABLE No. 8.

Causes of Death in those Deceased.

	1874.			PREVIOUSLY.			Total in Twenty- one Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Phthisis,	1	1	2	66	103	169	171
Maniacal Exhaustion, .	1	9	10	66	62	128	138
Paresis,	6	1	7	85	12	97	104
Apoplexy,	6	1	7	35	24	59	66
Diarrhoea,	1	-	1	19	24	43	44
Paralysis,	1	-	1	27	16	43	44
Org. Brain Disease, .	13	6	19	15	10	25	44
Marasmus,	-	-	-	19	22	41	41
Inanition,	2	3	5	17	18	35	40
Epilepsy,	2	2	4	20	10	30	34
Old Age,	-	1	1	11	14	25	26
Fever,	1	1	2	13	4	17	19
Dysentery,	-	-	-	10	7	17	17
Disease of Heart, .	2	2	4	4	9	13	17
Suicide,	-	-	-	6	6	12	12
Anæmia,	-	-	-	4	7	11	11
Pneumonia,	-	1	1	3	6	9	10
Erysipelas,	-	-	-	4	5	9	9
Disease of Liver, .	-	-	-	3	3	6	6
Gangrene,	-	-	-	1	4	5	5
Congestion of Lungs, .	-	-	-	1	4	5	5
Cancer,	-	-	-	-	4	4	4
Cystitis,	1	-	1	1	1	2	3
Scrofula,	-	-	-	1	1	2	2
Chorea,	-	-	-	1	1	2	2
Gastritis,	-	-	-	1	1	2	2
Peritonitis,	-	-	-	1	1	2	2
Disease of Kidney, .	-	2	2	-	-	2	2
Carbuncle,	-	-	-	1	-	1	1
Burns,	-	-	-	-	1	1	1
Measles,	-	-	-	1	-	1	1
Variola,	-	-	-	1	-	1	1
Injury,	-	-	-	1	-	1	1
Strangulation by food, .	-	-	-	1	-	1	1
Necrosis,	-	-	-	1	-	1	1
Abscess,	-	-	-	1	-	1	1
Rheumatism,	-	-	-	1	-	1	1
Strangulated Hernia, .	-	-	-	-	1	1	1
Totals,	37	30	67	442	381	823	890

TABLE No. 9.

Age of Patients Admitted.

	1874.			PREVIOUSLY.			Total in Twenty- one Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Betw'n 5 and 10 yrs.,	—	—	—	1	2	3	3
10 and 15 yrs.,	1	2	3	14	14	28	31
15 and 20 yrs.,	9	8	17	166	157	323	340
20 and 25 yrs.,	38	31	69	310	341	651	720
25 and 30 yrs.,	25	34	59	420	402	822	881
30 and 35 yrs.,	21	33	54	385	381	766	820
35 and 40 yrs.,	35	26	61	371	333	704	765
40 and 45 yrs.,	24	25	49	301	263	564	613
45 and 50 yrs.,	26	21	47	237	212	449	496
50 and 55 yrs.,	14	11	25	176	150	326	351
55 and 60 yrs.,	11	9	20	125	90	215	235
60 and 65 yrs.,	15	5	20	100	79	179	199
65 and 70 yrs.,	8	6	14	57	48	105	119
70 and 75 yrs.,	8	4	12	32	32	64	76
75 and 80 yrs.,	2	1	3	23	28	51	54
80 and 85 yrs.,	—	—	—	12	17	29	29
Over 85 years, . . .	—	2	2	1	7	8	10
Totals, . . .	237	218	455	2,731	2,556	5,287	5,742

TABLE No. 10.

Occupation of all Male Patients Admitted.

Laborers,	744	Clergymen,	21
Farmers and gardeners, . .	319	Physicians,	18
Artisans in iron,	155	Lawyers,	8
“ in silver and gold, . .	17	Dentists,	4
“ in tin, copper & lead, . .	11	Engravers,	5
“ in leather,	223	Actors and musicians, . .	10
“ in wood,	156	Police and watchmen, . .	4
“ in brick and stone, . .	80	Hat and bonnet makers, .	11
Seafaring men,	299	Civil engineers,	3
Traders,	154	Barbers,	16
Mill operatives,	132	Artists,	2
Clerks,	96	Editors,	2
In schools,	62	Glass blowers,	2
Drivers, teamsters & ostlers,	56	Paper hanger,	1
Painters,	48	Fire engineer,	1
Tailors,	37	Brewer,	1
Porters and waiters, . . .	38	Hotel and saloon keepers, .	18
Soldiers,	30	Bookbinder,	1
Prints,	21	No occupation,	91
Bakers and cooks,	17	Unknown,	27
Butchers,	14		
Cigar makers,	13	Total,	2,968

TABLE No. 11.

Civil Condition of all Persons Admitted.

	1874.			PREVIOUSLY.			Total in Twenty- one Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Married,	101	85	186	1,161	1,043	2,204	2,390
Single,	113	93	206	1,421	1,129	2,550	2,756
Widowed or divorced, . .	18	39	57	129	379	508	565
Unknown,	5	1	6	20	5	25	31
Totals,	237	218	455	2,731	2,556	5,287	5,742

TABLE No. 12.

Nativity of all Persons Admitted.

	1874.			PREVIOUSLY.			Total in Twenty- one Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
America,	99	82	181	1,398	1,120	2,518	2,699
" Irish parents,	16	9	25	74	73	147	172
Ireland,	66	96	162	896	1,133	2,029	2,191
England,	15	6	21	99	78	177	198
British Provinces, .	9	16	25	72	70	142	167
Germany,	11	5	16	104	45	149	165
Scotland,	5	1	6	18	17	35	41
Portugal,	4	—	4	11	5	16	20
Italy,	2	—	2	13	3	16	18
France,	1	—	1	11	2	13	14
Sweden,	2	3	5	4	4	8	13
Spain,	—	—	—	8	1	9	9
Denmark,	1	—	1	7	1	8	9
West Indies, . . .	4	—	4	4	1	5	9
Switzerland, . . .	2	—	2	2	1	3	5
Holland,	—	—	—	3	—	3	3
Wales,	—	—	—	1	1	2	2
Russia,	—	—	—	1	1	2	2
China,	—	—	—	2	—	2	2
Siam,	—	—	—	1	—	1	1
Turkey,	—	—	—	1	—	1	1
Unknown,	—	—	—	1	—	1	1
Totals,	237	218	455	2,731	2,556	5,287	5,742

TABLE No. 13.

*Assigned Causes of Insanity.**

	1874.			PREVIOUSLY.			Total in Twenty- one Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Intemperance, . . .	29	20	49	603	170	773	822
Ill health, . . .	15	38	53	165	536	701	754
Masturbation, . . .	15	1	16	258	18	276	292
Domestic trouble, . .	2	4	6	64	176	240	246
Religious excitement, inclu. Spiritualism,	2	1	3	107	111	218	221
Puerperal, . . .	—	14	14	—	184	184	198
Epilepsy, . . .	10	6	16	115	72	187	203
Injury, . . .	9	2	11	98	26	124	135
Pecuniary trouble, . .	9	2	11	100	17	117	128
Disappointment, . . .	1	1	2	29	88	117	119
Brain disease, . . .	12	4	16	82	29	111	127
Loss of friends, . . .	1	2	3	31	83	114	117
Hard work, . . .	3	4	7	46	42	88	95
Sunstroke, . . .	5	—	5	58	3	61	66
Old age, . . .	3	5	8	16	24	40	48
Congenital, . . .	—	2	2	14	22	36	38
Fright, . . .	—	4	4	11	16	27	31
Hard study, . . .	1	1	2	22	5	27	29
Use of narcotics, . .	—	2	2	16	10	26	28
Want of employment,	1	—	1	15	4	19	20
Ill treatment, . . .	—	—	—	2	18	20	20
Jealousy, . . .	—	—	—	12	8	20	20
Seduction, . . .	—	1	1	—	17	17	18
Home sickness, . . .	—	—	—	3	12	15	15
Exposure, . . .	1	—	1	12	2	14	15
Venereal, . . .	—	—	—	5	4	9	9
Excitement, . . .	—	—	—	5	—	5	5
Healing of ulcer, . .	—	—	—	1	2	3	3
Light reading, . . .	—	—	—	—	2	2	2
Bad education, . . .	—	—	—	1	1	2	2
Obsession, . . .	—	—	—	1	—	1	1
Imprisonment, . . .	1	—	1	—	—	—	1
Unknown, . . .	117	104	221	839	854	1,693	1,914
Totals, . . .	237	218	455	2,731	2,556	5,287	5,742

* Previous existence of insanity in the family recorded in fifty-seven cases.

TABLE No. 14.

Age at which Insanity appeared.

	1874.			PREVIOUSLY.			Total in Twenty one Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Under 5 years, . . .	6	4	10	26	15	41	51
Betw'n 5 and 10 yrs.,	2	1	3	14	15	29	32
10 and 15 yrs.,	5	6	11	41	32	73	84
15 and 20 yrs.,	22	12	34	225	222	447	481
20 and 25 yrs.,	26	33	59	391	397	788	847
25 and 30 yrs.,	30	37	67	430	468	898	965
30 and 35 yrs.,	33	30	63	385	344	729	792
35 and 40 yrs.,	26	28	54	346	322	668	722
40 and 45 yrs.,	22	22	44	262	225	487	531
45 and 50 yrs.,	21	18	39	201	174	375	414
50 and 55 yrs.,	9	7	16	136	106	242	258
55 and 60 yrs.,	15	7	22	107	77	184	206
60 and 65 yrs.,	9	3	12	74	57	131	143
65 and 70 yrs.,	9	5	14	46	32	78	92
70 and 75 yrs.,	2	3	5	19	21	40	45
75 and 80 yrs.,	—	—	—	16	24	40	40
Over 80 years, . . .	—	2	2	2	8	10	12
Unknown, . . .	—	—	—	10	17	27	27
Totals, . . .	237	218	455	2,731	2,556	5,287	5,742

TABLE NO. 15.

Last Residence of Patients.

	1874.			PREVIOUSLY.			Total in Twenty- one Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Suffolk County, . .	149	154	303	1,221	1,258	2,479	2,782
Bristol County, . .	40	27	67	483	390	873	940
Norfolk County, . .	26	15	41	373	280	653	694
Plymouth County, . .	9	11	20	210	183	393	413
Essex County, . .	3	5	8	94	125	219	227
Middlesex County, . .	5	3	8	113	105	218	226
Barnstable County, . .	4	1	5	73	61	134	139
Dukes County, . .	—	—	—	26	16	42	42
Nantucket County, . .	1	1	2	15	7	22	24
Worcester County, . .	—	1	1	3	5	8	9
Franklin County, . .	—	—	—	2	2	4	4
Worcester Hospital, . .	—	—	—	110	109	219	219
Other States, . .	—	—	—	8	15	23	23
Totals, . .	237	218	455	2,731	2,556	5,287	5,742

TABLE NO. 16.

*By whom Supported when Admitted.**

	1874.			PREVIOUSLY.			Total in Twenty- one Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
By State,	150	149	299	1,651	1,638	3,289	3,588
Towns,	75	55	130	709	522	1,231	1,361
Individuals,	12	14	26	371	396	767	793
Totals,	237	218	455	2,731	2,556	5,287	5,742

* Remaining in the Hospital Sept. 30, 1874:—supported by the State, 128; by Towns, 308; by friends, 72.

TABLE No. 17.

Previous Hospital Residence.

	Males.	Females.	Total.
First residence, as far as known, in any hospital,	170	158	328
Previous residence in this hospital,	51	45	96
“ “ in other hospital in Mass.,	8	11	19
“ “ in other hospital out of State,	8	4	12
Totals,	237	218	455

A cursory examination of the foregoing tables will show that the year just closed has not been an idle one. The number of admissions, four hundred and fifty-five, or, allowing for twelve readmissions, four hundred and forty-three individual patients, exceeds that of any previous year. The average number under treatment, four hundred and eighty-one, is nearly fifty more than ever before. The average yearly admission of the last five years is four hundred and seventeen. That much greater care and labor is required in ministering to the needs of these than to the same number in a hospital where the population is more nearly stationary, is a fact, though it does not appear in the statistics. It is also a fact that the per cent. of mortality to the average number will always be considerably higher in any institution where the population is constantly changing than in one of the same class where there are comparatively few admissions and discharges. Statisticians, who make use of figures rather than brains in their studies, are often led into serious errors in their deductions from overlooking this fact. More than one-half (thirty-seven) of the deaths in this hospital during the past year occurred within three months of the admission of the patient. Of those who had been inmates more than a year only fifteen died.

The ratio of recoveries to the discharges, including deaths, amounts to something more than twenty-four per cent., and is believed to be as honest a statement as it is possible to

make, with due allowance for the varying standard of normal mental condition. In consideration of the fact that about one-third of all the patients received were demented on admission, the per cent. of recoveries is quite as large as we should expect, although the early removal of many found to have homes outside the State limits has, no doubt, reduced it somewhat.

The number of deaths, sixty-seven, is seven and one-half per cent., nearly, of the whole number under treatment. More than one-half (thirty-seven) resulted directly from different forms of organic brain disease. Nine died within a week, one within twenty-four hours after admission. Twenty-one were above sixty years of age, ten having passed the allotted bound of threescore years and ten, one finding relief after ninety-five years of waiting. There has been no violent death, no suicide. I take up the daily papers and find hardly an issue but contains the statement of one or more suicides from insanity in the community at large. I turn to the records of this institution, crowded with cases with suicidal tendencies, and I find that the last six years show but a single death from that cause; then I think, if our hospitals had the credit they deserve in this direction, of saving lives ready to perish, so that the public earlier placed these desponding ones under their care, we should have more recoveries and the community fewer deaths from suicide.

A foot-note to the table of assigned causes of insanity gives the number of admissions where the previous existence of insanity had been observed in the family. The whole number for the year is fifty-seven. In the case of ninety-one admissions there were no friends and no previous history, and in the case of at least as many more nothing was learned from the friends of the family history. Eliminating these from the calculation, we have upwards of twenty per cent. of the admissions where something of the family history was known, showing evidence of hereditary predisposition, and even this probably falls considerably short of the truth. Could we trace it closely enough, I think we should find this hereditary taint in the blood far more potent in the production of insanity than all the array of alleged causes which makes so much show in tables. It is a leprosy, poisoning life at the very

fountain, which, concealed in one generation, breaks out in the next. I have known families where to escape from insanity was the exception, and yet the insane continue to intermarry! Plainly the world has need for another Lyncurgus.

Reference to the Treasurer's report will show that while we are free from financial embarrassment, we have endeavored to expend for the benefit of our inmates all that has been received for their support. This we believe to be the only proper policy of a state hospital; it is not a corporation to make money, but a great charity, faithfully and prudently expending its income for the benefit of the unfortunates confided to its care.

Several convicts have been received during the year. This hospital having through so many years in its annual reports called attention to this wrong, it seems fitting that we should chronicle here the passage of a law by the last legislature that settles the whole matter for the future on an entirely satisfactory basis. It would seem that our long and persistent agitation had not been in vain.

Gratefully do we acknowledge the ready response of the same legislature to your appeal for an appropriation to complete the extensions of our hospital. Thus we have been enabled to go on with the work without interruption. The extension for males is completed and occupied; the east wing is also externally complete, and as, at the date of closing this report, it only lacks for its floors and wood finish, I confidently expect that the early spring will find our female population enjoying equally commodious and comfortable quarters with those that have proved so satisfactory for the men.

At the risk of repeating some things that may have been said in the report of last year, I will briefly recapitulate here what has already been accomplished by means of the appropriations made for that purpose.

We have built of brick an entirely new boiler-house, containing engine-room, machine-shop, and carpenter-shop, all of ample dimensions. We have built, to insure a uniform draught, a smoke-stack one hundred and twenty-six feet high; also a fan-room and pump-house. We have fitted up the boiler-house with four forty-horse-power boilers; have put in new pumps; new forty-horse-power engine; new heater to

economize the exhaust steam; a hot-blast blower for drying purposes; lathe for our repairs; have built by our own mechanics a pipe-machine for fitting up the heating apparatus and repairing the same; have put new tanks in the attie, to increase our water capacity, and generally have spared no pains or reasonable expense to make all the mechanical appliances of the hospital as complete and perfect as possible.

To the hospital building proper we have added two new wings of three stories in height, extending one hundred and thirty feet east, and the same distance west from the extreme limit of the old building. This makes the whole extent of the completed building in a right line six hundred and thirty-eight feet, but as the wards do not follow the same direction throughout, their extent is considerably greater, there being more than one thousand feet of corridor on each floor of the building. To you, who visit the wards, it may be interesting to know that an inspection, by merely looking into the door of each room, necessitates a walk of considerably more than a mile.

The increased capacity of the building by the extensions is six dining-rooms for a part of the old building, and six new wards, with ample accommodations for thirty patients each, with their attendants. The description of one ward suffices for the whole. A corridor, one hundred and twenty-seven feet in its extreme length and twelve feet in width, extends through it from east to west; this is crossed at right angles near the extreme end by a corridor nearly ninety feet in length and ten feet wide. Both of these corridors are fully lighted by large windows at each end,—a triple mullion window in the one end, and a warm, sunny bay in the other. These bays are so placed that from each a door opens upon a common piazza, or veranda, protected by an iron railing, but open on two sides to the fresh air and sunshine. This veranda has a southern exposure, and is to the inmates a favorite and much-frequented resort.

From either end of the ward an iron stairway, with easy and divided flights and broad landings, descends to the outer door. Such stairs, neatly painted, make the best of stairs at all times, and in case of fire their vital importance is realized. In a panic, fire-escapes are nearly useless, unless they are the

usual thoroughfares of ingress and egress. In the north corridor of the ward are nine rooms, each designed for a single patient of the most noisy and excited class in the lower story, and for the more troublesome cases on the other floors. Should it hereafter be deemed desirable to separate them in a ward entirely by themselves, it can readily be done by throwing a screen or partition of heavy hammered glass across the corridor where it joins the main hall. In the main ward there are fifteen rooms, each designed for one patient. It is a singular fact that there is now and then a patient who is disturbed at being locked in a room alone, and much prefers to sleep in an associate dormitory; then there is a class of suicidal patients, who will rarely attempt suicide in a room with others; indeed, as a general rule suicidal cases are safest in a room with others. To meet the wants of this class, a room of ample size for five single beds has been placed next the attendant's room, where they are literally under the eye of the nurse, for by means of wickets in the wall the whole room can be inspected at any moment.

The only other large room for patients is designed for a sick or feeble person, and is fitted with all the appliances necessary to their care. It is separated from the main ward, has a small room adjoining for the accommodation of the friends, is convenient of access, and it is thought will afford a comfortable infirmary for a patient who for any reason can not properly be removed to the invalid ward.

The dining-room, with six large windows looking sunward, is the most cheerful room in the ward. This is fitted with ash tables, with black walnut tops, sideboard, sink with hot and cold water, and elevator for supplying the food from the kitchen, it being carried on a tram-way through the basement. The bathing-rooms and water-closets have been built in the most substantial manner, with stone floors and all the arrangements for washing, and closet made as complete and perfect as possible. I may instance the faucets controlled by a key on the bathing-tubs, the Hotz's self-closing faucet over the basins, and the basins themselves of heavy sheet copper, nickel plated and set in slate slabs, so bracketed from the walls as to leave no chance for a wet and sour place underneath. The clothing and dressing-room opens directly from

the hall, also by an inner door from the bathing-room. Near by is an elevator for sending and receiving clothes, or for any other purpose for which it may be required.

The windows, both in halls and rooms, are large, arranged with springs to let down from the top or raise from the bottom to the fullest extent, protection from escape being afforded by a wrought-iron guard very securely fastened, painted the color of the sash and conforming to its divisions. The walls of the corridors are filled with ventilating and warming flues, the former opening from the lower part of the wall in the room, having also an opening near the ceiling, covered with a register cap, to be used for summer, or at any time when the most rapid ventilation is required.

The heating flues open into the corridors near the floor. A transom over each door, fifteen inches in height, protected by a wire guard, allows the heated air to pass to the ventilating flues in each room, thus insuring their warmth.

The woodwork throughout is ash, finished in shellac and varnish. All sharp corners have been carefully avoided, there is no attempt at useless ornamentation, everything being strictly plain, but the finish is rich, looks well and can be easily kept clean. The doors are solid ash, nearly two inches thick, each hung with three wrought-iron close butts. They show on the hall side panel with quarter round moulding, and are flush in room which gives them greater strength within. Each room is furnished with a neat iron bedstead of the Taunton pattern, so called. In the rooms where it is desirable, is a chair and little bureau, also of ash. The floors throughout are of hard wood, deafened with mortar between the upper and lower flooring. Those in the rooms of the upper halls are of birch, oiled and dressed with shellac; those below, of oak, painted and varnished. The floors of the dining-rooms and of all the corridors are of rock-maple, of uniform width of three inches, one and one-eighth inches in thickness, tongued and grooved, and with concealed nailing. They are handsome floors, and will not need to be disturbed for relaying in this generation. The heating of the building is effected by Clogston & Co.'s circular radiators, in air-chambers in the basement, each flue having a distinct radiator placed in a semi-circular niche in the wall at the bottom of the

flue, and covered with a galvanized iron cap. As the steam can be shut off from any or all of these radiators at pleasure, and as there are more than forty flues opening on each floor, it is confidently expected that this will prove an efficient system, and one capable of almost perfect control. Equal pains have been taken to make our ventilation complete and perfect. The smoothly parged ventilating flue is carried up side by side with the heating flue in the corridor wall, until it reaches the attic. There it is continued as a distinct duct, smoothly plastered, up to the tower or ridge ventilator at the highest point of the roof, which is itself so arranged with a diaphragm as to prevent the wind from driving the impure air of one flue down the opening of its opposite. The flues are also so fitted with valves in the attic, that, in the event of the draught being too great in a very cold and windy day, they can be partially or wholly closed. By making the whole ridge a ventilator, the carrying of horizontal flues for any distance has been avoided, and we look for a very satisfactory ventilation of our building as the result. The partition walls throughout the building are brick, plastered directly on the wall.

I have been thus minute, probably tiresome, in the detail of our arrangements, in order to show that we have spared no pains or expense in making these extensions as perfect and satisfactory, for the class of patients for which they were designed, as possible. We have avoided all extravagance, and yet have not hesitated to incur expense where it was shown that such expenditure, by adding greater permanence or completeness to the work, was likely to prove economy in the end. Some mistakes we have doubtless made; but I hope they will not be found to be vital. We felt that Massachusetts was building a hospital, not a poor-house; that what we did should be good, honest work, and if it lacked in beauty, it should not be wanting in strength. Perhaps those who pass judgment on our work will say that in so completely adapting it to the purpose for which it was needed, we made it beautiful.

Extensive repairs have been undertaken in the old building, some are as yet merely outlined, others have been nearly completed. These involve considerable alterations in our domestic and culinary department. A new oven

and bakery, enlarged store-room and dining-room, a roaster to supplement our range, more steam-jacketed kettles, a more complete separation of the kitchen from the centre of the house. In the wards, more sub-divisions, new bath-rooms, clothing-rooms and closets, the opening of more and larger windows, iron stairways to give us ample egress and ingress at the ends of the front sections, instead of through the centre of the building, as hitherto. Our old dining-rooms, no longer needed of such extensive area, can, with advantage to themselves, give us half their space for a convenient and pleasant visiting-room for the friends of patients. Our entrance-hall, so long adorned with old, time-honored wall-paper, with its long panorama of European landscape and oriental scenery, which has afforded amusement and, we hope, instruction to at least one generation of gaping visitors, must soon give place to a more subdued coloring, which will make a less startling but, perhaps, a more fitting vestibule. And the cave beyond, with its darkness and stairs hanging in mid-air, over which the new comer passed with gloomy forebodings as to what might await him, has been filled with a soft flood of pleasant light. This is one of the most satisfactory changes thus far made. Our architects, the Messrs. Hartwell & Swasey, of Boston, have designed for us a beautiful inner dome of ground glass, taking its light from the main dome of the building above, with a broad well extending to the first floor, around which an ornate and ample stairway, with easy ascent, rises on either hand. The dome is already finished and the stairways will soon follow. This matter of light is one of vital importance in the treatment of the insane, and we have had it especially in mind in building our additions and in the projected changes. The insane need more fresh air and light than almost any other class, and yet from the very nature of their cases a considerable proportion of them require to be kept a large part of the time in-doors; then, as far as possible, bring out-doors and sunshine into your buildings. Long ago with us, the sun-bath displaced the shower-bath. Let in the light, give us more of the faith, or sublime error if you will, of the old Persian, who saw in the sun that light which was the life of men.

Having enumerated the additions and proposed changes for

the most part, let us briefly indicate the result—what we shall have, and what we still lack for the most enlightened care of the insane. We shall have the largest completed hospital in the State, if that is anything on which to congratulate ourselves, which I very much doubt. It was not that we were ambitious for the care of six hundred patients that we projected these extensions; there is care and anxiety enough with half the number. It was because we were ambitious to give South-Eastern Massachusetts, in all respects, as good curative treatment, and as ample accommodations for her insane, as any other portion of the Commonwealth, and we saw no way to accomplish it short of these extensions. I think the result will confirm our judgment and justify our decision. We shall have ten, and, if desirable, thirteen sub-divisions of each sex, each ward a complete family by itself, with distinct dining, bathing, clothing-rooms, airing-courts and verandas. One of these wards will be an infirmary for the sick, provided with special diet, another for convalescents, a third for working-men.

For occupation, we have for the men that best of all, the soil, in its varied employment of farm, garden and improvement. We are fitting up rooms for some in-door industries. Our new basement on the east gives us a very satisfactory mattress-room, where our beds are made and re-filled, mainly by our inmates. In our old boiler-house one patient with his forge has worked up for our building and repairs more than half a ton of iron, and has done it very faithfully and satisfactorily. In the same building another keeps all the painter's stores, and his room is a pattern of neatness and order. Above, a third repairs furniture under difficulties that should be seen to be appreciated. The laundry and culinary department furnish employment for a number of both sexes. The sewing-room gives abundant occupation for the females. It might, perhaps, be thought that the flower-garden would offer a pleasant field for the labor of females in the open air, but though we have two or three ladies who are adepts at picking the flowers, none have been found willing to take any care of the garden.

For amusements, we have croquet and boating, billiards and music. The new Chickering piano continues to afford much

entertainment at the evening gatherings in the chapel. For six evenings in the week, with the exception of the warm months of summer, we have some exercise in the chapel; it consists of light gymnastics, or reading and music, or a party for table games, singing and whatever fruit may happen to be in season. Attendance on these is not compulsory on the part of the patients. Accordingly, those attending seem to enjoy it, and those who stay behind suffer no privation on account of those who go.

In the wards themselves, we have more or less of pictures, plants, birds, musical instruments and table games, to occupy and amuse. Our library is read considerably, and all papers are acceptable; whatever harmless recreation or labor offers is encouraged, so in one way or another to beguile the mind out of itself. Then through all the pleasant months we have the abundant largess of the woods and fields. Our grounds are quite extensive and varied. Paroles are frequent, and the possessors wander at their wills. The pleasant water-view, the long, green hillside, sloping to the river, the avenue, with its shaded walks and lines of beauty, the woods themselves, with their mossy seats and dark coverts, where the pines weave the carpets which the flowers embroider, all combine to make it beautiful from the time when spring drops her violets and brings back her singing birds, till now, when these gorgeous autumn days deck it with their hues of flame and sunshine. Indeed, I know of no hospital grounds that present more varied natural beauty or have such sweet beguilements for the mind.

All this we have. I thought to speak of what we still lack, but I remember that Massachusetts has a commission appointed for that very purpose; and why should I forestall their conclusions? It may be fitting that he who writes the report of another year should frankly state whatever in his opinion they may have overlooked or failed to consider, but till then, we may be content to rest it here.

During the past year the hospital has secured by purchase a small lot of land at the head of Hodges Avenue, and elms have been planted on it. We are fortunate in having come into possession of this at this time. In the course of time, the gravel-hill that now fronts it will be carted away, and the

entrance to the grounds will naturally be sought for at the head of the avenue ; but it would then be too late to secure it.

To Sturtevant's Minstrels we are indebted for a very entertaining performance, which greatly edified our inmates. The editors of the "New Bedford Mercury," "The Buffalo Medical and Surgical Journal," and "The Old Colony Memorial," have continued their favors, and have our thanks. To Mr. W. H. Gray we are indebted for a full file of interesting journals. From Miss D. L. Dix, ever thoughtful of our wants, we acknowledge the receipt of a liberal supply of hymn-books for our chapel service. The collection is a favorite one, and the more acceptable as our old book had been pretty well sung out. And here let me not omit to mention one poor girl who had been with us, and now, toiling hard for her own and her mother's support, still remembered her old home. From time to time she bought a Saturday night's paper which, after reading, she carefully laid aside ; then, when her store had grown to a goodly pile, she sent them to us, at her own expense, that she might add, if only a little, to the enjoyment of those who had been her companions here. I hope she had as much pleasure in sending as we in receiving and her old mates in reading. I withhold the name, recorded elsewhere,—the rich out of their abundance forgot to give,—it was Another who said, "out of her want, all her living."

The year has brought but few changes in our staff of subordinate officers. Mr. Charles Thompson, his health failing, resigned the position of supervisor ; he was a faithful man, and I am glad to hear that he is regaining his strength at home. Henry H. Chamberlain succeeds him, and his energy and executive ability bid fair to make him a valuable officer. I have depended much upon Dr. Gage in the medical care of the house in the year that for me has been crowded with so much besides, and I have pleasure in expressing my continued confidence in his skill and integrity. On Mr. Kittredge has devolved, as hitherto, much of the onerous duty that usually falls to a steward, and very satisfactorily has he discharged it. It is but proper that I should mention here that in all mechanical arrangements in regard to which, in building, questions are daily arising, I have relied greatly on

the judgment and information of our Engineer, Mr. R. D. Godding. And to all who in their proper spheres have given good service for the interests of the institution, my thanks are tendered.

It is a pleasant, a grateful duty, to convey to you, gentlemen, my appreciation of your indulgent kindness, and of your confidence in me in all the trying positions in which I am placed. Still leaning on that support, I go on without anxiety as to what the future may bring. To those who look down on these poor ones, the life may seem uninviting; looking upward, it becomes a willing, loving service.

The year with all its busy record passes into history; we have done what we could, it is for others to decide how wisely or how well.

W. W. GODDING,
Superintendent.

FINANCIAL STATEMENT

*Of the appropriations made by the Legislatures of 1873
and 1874.*

Appropriation of 1873,	\$125,000 00
of 1874,	50,000 00
	<hr/>
	\$175,000 00
Drawn from State treasury to September 30, .	135,110 90
	<hr/>
	\$39,889 10

JOHN KITTREDGE,
Treasurer.

TAUNTON, September 30, 1874.

TWENTY-SECOND ANNUAL REPORT

OF

THE TRUSTEES

OF THE

STATE LUNATIC HOSPITAL

AT

T A U N T O N .

OCTOBER, 1875.

BOSTON :

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Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

In presenting this, their Twenty-Second Annual Report, the Trustees of the State Lunatic Hospital at Taunton would express their satisfaction in being able to state that the enlargement of the institution, which was partially finished at the time of making the report last year, has been completed, and is in successful operation.

They are, however, under the necessity of stating, that the reasons given at the time application was made to the legislature for means to make such enlargement; viz., that not only were our wards then overflowing, but that before relief from our crowded condition could be obtained from either of the new structures then contemplated, and now in process of construction, we should most probably be as full as at that time, have been confirmed. That point has been very nearly, if not quite, already reached. Our number at the time referred to, or at the close of the year 1873, was 434. At the close of the next year we had 508 patients, and on the 30th day of last month, the close of the present year, we had 602. The admissions for the year just closed have been 477. The number under treatment the past year has been 985. Both these numbers are very largely in excess of those of any previous year. The discharges during the same time have been, from all causes, 383; leaving, as before, 602.

The principle of heating adopted for warming the wards in the extension of the hospital having proved so satisfactory, we were contemplating the propriety of introducing the same principle into the older parts of the building,—being induced thereto because the pipes used for that purpose, having been in use for many years, had become very much corroded, requiring frequent and sometimes heavy repairs, such repairs often occurring during the extreme cold weather, causing not only annoyance, but frequently much inconvenience and discomfort to our patients,—when, on the occasion of the visit of the committee of the legislature on Public Charitable Institutions, on the 9th of February last, one of the coldest days of that winter, they being so well pleased with the arrangements for the new part then finished, we were urged by them, not only to put it into the new wing, then in process of construction, but to proceed as soon as practicable with the change in the old parts of the house, which, through the liberality of the legislature in furnishing us with the means for its accomplishment, has been done, the work having all been executed under the supervision of our efficient engineer, Mr. Rufus D. Godding; and we are now prepared, as soon as the season shall require it, to warm the whole house on the principle which had been so successfully commenced. We have in the cellar 562 radiators, so arranged as to communicate directly with all parts of the hospital, and in such a manner that the heat can be carried to or shut from any one or more wards at pleasure.

In addition to the heating, the ventilation of the old part of the house will be much improved, as we have placed large ventilators upon the ridge of the roof of several of the wings, to which flues, connecting continuously with the flues opening into the attic from the rooms of the patients, are carried, thus keeping up a circulation of fresh air from outside, passing over the radiators through the heated flues into the halls and rooms and on through the ventilating flues to the ridge-ventilator. The experience of the past winter in the new wards then occupied satisfied us that, if we have not reached perfection in ventilation, we have greatly improved upon our previous condition, and we are now applying the same prin-

ciple, as best we can, to the old wards, with what success remains to be seen when we put the heat upon the house. A number of further improvements which have been made in parts of the old house must be seen to be appreciated.

A very marked improvement, growing out of the enlargement of the hospital, is our ability to classify the patients to so much greater extent than heretofore, that the condition of many of our wards is materially improved; while none of them, even those where the most noisy and highly excited patients are confined, are rendered less desirable than before. We have also in process of preparation a number of additional airing-courts for the different classes of patients, which will, in a few weeks at farthest, be ready for occupancy.

Owing to the greatly increased number of patients in the house, the Trustees, early in the summer, judged it necessary to increase the medical force of the hospital. They accordingly authorized the Superintendent to take measures to procure an additional assistant, which resulted in the appointment, in July last, of Dr. George L. Ellis to the place of second Assistant Physician; he entered upon his duties in the early part of last month. From the short time he has been with us, we have reason to believe that he will prove a valuable acquisition to our force.

To our excellent Superintendent, Dr. Godding, we are in great degree indebted for the successful management and conduct of the multifarious affairs of the hospital, both within and without; he has devoted himself with assiduity and earnestness to his work, and we can but congratulate ourselves and the patients upon having so satisfactory and competent a person to preside over the interests of the institution.

To Dr. Gage, our first Assistant Physician, we would express our satisfaction for the promptness with which he has always discharged the duties devolving upon him, and for the interest which he has manifested towards the unfortunate persons over whom he has been placed.

To Mr. Kittredge, our Clerk and Treasurer, we would also express our high appreciation of the fidelity and attention which he has given to the discharge of his duties.

In conclusion, we commit the hospital, with its numerous family, to the tender mercies of our loving Heavenly Father, and to the watchful, fostering care of our beloved Commonwealth.

GEO. HOWLAND, JNR.,
OLIVER AMES,
SIMEON BORDEN,
LEBARON RUSSELL,
C. R. ATWOOD,

Trustees.

STATE LUNATIC HOSPITAL, }
TAUNTON, Oct. 14, 1875. }

LIST OF PERSONS

Employed at the Taunton Lunatic Hospital, September 30, 1875.

Superintendent and Physician,	(per year), \$2,500 00
Assistant Physician,	" 1,200 00
Assistant Physician,	" 800 00
Treasurer and Clerk,	" 1,200 00
Supervisor (male),	" 500 00
Supervisor (female),	" 400 00
Housekeeper,	" 300 00
Seamstress,	" 200 00
Engineer,	(per month), 75 00
Baker,	" 40 00
Assistant Baker,	" 25 00
Assistant Supervisor (male),	" 30 00
Assistant Supervisor (female),	" 18 00
Coachman,	" 30 00
Gardener,	" 30 00
Nightwatch (male),	" 30 00
Nightwatch (female),	" 18 00
Fireman,	" 30 00
Firemen (2),	" 25 00
Laborers (6),	" 25 00
Carpenter,	" 25 00
Painter,	" 25 00
Stable-boy,	" 15 00
Farm hand,	" 35 00
Farm hand,	" 25 00
Farm hand,	" 15 00
Attendant (male),	" 30 00
Attendants (male) (17),	" 25 00
Attendants (female) (9),	" 16 00
Attendants (female) (10),	" 14 00
Assistant Seamstresses (3),	" 14 00
Laundress,	(per week), 5 00
Laundress girl,	" 3 50
Laundress girls (4),	" 3 00
Kitchen girls (6),	" 3 00
House Attendants (2),	" 3 00

INVENTORY OF STOCK AND SUPPLIES

On hand, September 30, 1875.

Live-stock on the farm,	\$3,700 00
Produce of the farm on hand,	1,780 00
Carriages and agricultural implements,	1,950 00
Machinery and mechanical fixtures,	35,300 00
Beds and bedding,	19,718 50
Other furniture,	11,017 05
Furniture in the Superintendent's department,	1,675 00
Dry goods,	3,729 71
Provisions and groceries,	1,604 45
Fuel,	6,000 00
Drugs and medicines,	436 25
Library,	450 00
	<hr/>
	\$87,360 96

TREASURER'S REPORT.

I respectfully submit the following Report of the finances of this institution for the year ending September 30, 1875, to the Trustees :—

ASSETS.

134 acres of land, at \$200 per acre, .	\$26,800 00
Hospital building, . . . .	. 275,000 00
Brick barn and stable, . . . .	. 8,000 00
Other out-buildings, . . . .	. 7,000 00
	<hr/> \$316,800 00

Personal Estate.

Stock and supplies on hand, as per inventory appended to the Trustees' report,	87,360 96
Reserve fund,	11,000 00
	<hr/>
Total Assets,	\$415,160 96

RECEIPTS.

Cash on hand, September 30, 1874,	\$228 07
Received from the state treasurer,	27,515 26
from towns,	62,835 75
from individuals,	15,462 91
from interest,	770 00
from sales,	729 52
	<hr/>
	\$107,541 51

PAYMENTS.

1st. Salaries, wages and labor,	\$23,766 95
2d. Provisions and supplies, viz. :—	
Meats of all kinds,	\$11,240 00
Fish of all kinds,	2,322 81
	<hr/>
Amounts carried forward,	\$13,562 81 \$23,766 95

Amounts brought forward,	.	.	\$13,562 81	\$23,766 95
Fruit and vegetables,	.	.	2,332 65	
Flour and bread,	.	.	5,021 13	
Grain and meal for table,	.	.	732 20	
Grain and meal for stock,	.	.	1,494 06	
Tea, coffee and broma,	.	.	2,534 33	
Sugar and molasses,	.	.	5,605 73	
Milk, butter and cheese,	.	.	10,634 93	
Salt and other groceries,	.	.	4,443 07	
				46,360 91
3d. Clothing,	.	.	.	7,048 03
4th. Fuel and light,	.	.	.	9,813 19
5th. Medicines and medical supplies,	.	.	.	1,435 13
6th. Furniture, beds and bedding,	.	.	.	8,198 86
7th. Transportation,	.	.	.	1,313 66
8th. Construction and repairs,	.	.	.	6,438 23
9th. Miscellaneous expenses,	.	.	.	2,133 36
				\$106,508 32

LIABILITIES.

Salaries and wages, due October 1,	\$3,240 22
Miscellaneous bills due,	10,169 59
	<hr/>
	\$13,409 81

Due the institution for board, October 1 :—

[illegible]

SUMMARY.

Total receipts,	.	.	.	.	.	.	\$107,541	51
Total payments,	.	.	.	.	.	.	106,508	32
							\$1,033	19
Total liabilities,	.	.	.	.	.	.	\$13,409	81
Total debts due the institution,	.	.	.	.	.	.	31,480	99
							\$18,071	18

Current expenditures,	\$106,508 32
Dividing this sum by 557, the average number of patients, we have, as the annual cost of each patient,	\$191 22
And the average weekly cost,	3 68

JOHN KITTREDGE, *Treasurer.*

TAUNTON LUNATIC HOSPITAL, }
TAUNTON, Oct. 11, 1875. }

The undersigned have this day examined the foregoing account of the Treasurer, and compared it with the vouchers, and find it correct.

GEO. HOWLAND, JNR ,
SIMEON BORDEN,
Committee.

SUPERINTENDENT'S REPORT.

To the Trustees of the Taunton Lunatic Hospital.

GENTLEMEN :—I present in the following tables the statistics of the hospital year ending September 30, 1875.

TABLE No. 1.

	Males.	Females.	Totals.
Number of patients remaining September 30, 1874,	263	245	508
Number of patients admitted since September 30, 1873,	251	226	477*
Number of patients under treatment during the year,	514	471	985
Number of patients discharged during the year,	158	158	316†
Number of patients deceased during the year,	37—195	30—188	67—383
Number of patients remaining September 30, 1875,	319	283	602

* 9 males, 4 females, readmitted within the year.

† Including 3 by elopement.

The average number under treatment, 557+.

TABLE No. 2.

Monthly Statement of Admissions, Discharges and Deaths.

TIME.	Admitted.	Discharged.	Died.
September,	29	26	6
October,	50	31	5
November,	24	22	5
Autumn,	—103	— 79	— 16

TABLE No. 2—Continued.

TIME.	Admitted.	Discharged.	Died.
December,	31	14	2
January,	37	18	6
February,	34	22	7
Winter,	—102	— 54	— 15
March,	33	21	7
April,	45	33	8
May,	55	41	7
Spring,	—133	— 95	— 22
June,	52	36	4
July,	43	32	6
August,	44	20	4
Summer,	—139	— 88	— 14
Totals,	477	316	67

TABLE No. 3.

Condition of those Discharged.

	1875.			PREVIOUSLY.			Total in Twenty- two Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Recovered,	66	48	114*	967	921	1,888	2,002
Improved,	64	86	150	637	581	1,218	1,368
Unimproved,	28	24	52	579	607	1,186	1,238
Died,	37	30	67	476	414	890	957
Totals,	195	188	383	2,659	2,523	5,182	5,565

* Ratio of Recoveries to Discharges, including Deaths, 29.63.

TABLE No. 4.
Character of Insanity.

	1875.			PREVIOUSLY.			Total in Twenty- two Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Mania, . . .	123	101	224	1,497	1,474	2,970	3,194
Melancholia, . .	33	60	93	338	424	762	855
Monomania, . .	6	4	10	102	81	183	193
Dementia, . . .	75	58	133	984	784	1,768	1,901
Congenital imbecility,	2	1	3	8	9	17	20
Paresis (since 1870),	10	2	12	37	2	39	51
Not insane, . . .	2	—	2	3	—	3	5
Totals, . . .	251	226	477	2,968	2,774	5,742	6,219

TABLE No. 5.
Duration of Disease before Admission.

	1875.			PREVIOUSLY.			Total in Twenty- two Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Less than 3 months, .	72	74	146	1,158	1,154	2,312	2,458
Betw'n 3 and 6 mos.,	16	19	35	314	324	638	673
6 and 12 mos.,	40	35	75	294	230	524	599
1 and 2 yrs.,	42	34	76	336	290	626	702
2 and 3 yrs.,	15	12	27	222	175	397	424
3 and 4 yrs.,	11	9	20	114	118	232	252
4 and 5 yrs.,	5	7	12	92	92	184	196
5 and 10 yrs.,	31	17	48	235	227	462	510
10 and 20 yrs.,	14	14	28	137	119	256	284
Over 20 years, . . .	5	5	10	66	45	111	121
Totals, . . .	251	226	477	2,968	2,774	5,742	6,219

TABLE NO. 6.

Duration of Insanity before Admission in those Discharged Recovered.

	1875.			PREVIOUSLY.			Total in Twenty- two Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Less than 3 months, .	44	23	67	557	533	1,090	1,157
Betw'n 3 and 6 mos.,	5	7	12	87	95	182	194
6 and 12 mos.,	6	8	14	52	54	106	120
1 and 2 yrs., .	5	7	12	35	32	67	79
2 and 3 yrs., .	3	—	3	26	18	44	47
Over 3 years, . .	3	3	6	31	34	65	71
Totals, . . .	66	48	114	788	766	1,554	1,668

TABLE NO. 7.

Causes of Death in those Deceased.

	1875.			PREVIOUSLY.			Total in Twenty- two Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Phthisis, . . .	2	2	4	67	104	171	175
Maniacal exhaustion, .	3	10	13	67	71	138	151
Paresis . . .	8	2	10	91	13	104	114
Apoplexy, . . .	3	3	6	41	25	66	72
Org. brain disease, .	10	8	18	28	16	44	62
Paralysis, . . .	1	2	3	28	16	44	47
Diarrhœa, . . .	—	—	—	20	24	44	44
Inanition, . . .	3	—	3	19	21	40	43
Marasmus, . . .	—	1	1	19	22	41	42
Epilepsy, . . .	1	—	1	22	12	34	35
Old age, . . .	1	—	1	11	15	26	27
Fever, . . .	—	—	—	14	5	19	19
Disease of heart, .	1	—	1	6	11	17	18
Dysentery, . . .	—	—	—	10	7	17	17

TABLE NO. 7—Continued.

	1875.			PREVIOUSLY.			Total in Twenty- two Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Suicide,	2	—	2	6	6	12	14
Pneumonia, . . .	1	1	2	3	7	10	12
Anæmia,	—	—	—	4	7	11	11
Erysipelas, . . .	—	—	—	4	5	9	9
Disease of liver, .	—	—	—	3	3	6	6
Gangrene,	—	—	—	1	4	5	5
Congestion of lungs,	—	—	—	1	4	5	5
Cancer,	—	—	—	—	4	4	4
Cystitis,	—	—	—	2	1	3	3
Scrofula,	—	—	—	1	1	2	2
Chorea,	—	—	—	1	1	2	2
Gastritis,	—	—	—	1	1	2	2
Peritonitis, . . .	—	—	—	1	1	2	2
Disease of kidney, .	—	—	—	—	2	2	2
Carbuncle,	—	—	—	1	—	1	1
Burns,	—	—	—	—	1	1	1
Measles,	—	—	—	1	—	1	1
Variola,	—	—	—	1	—	1	1
Injury,	—	—	—	1	—	1	1
Strangulation by food,	—	—	—	1	—	1	1
Necrosis,	—	—	—	1	—	1	1
Abscess,	—	—	—	1	—	1	1
Rheumatism, . . .	—	—	—	1	—	1	1
Strangulated hernia, .	—	—	—	—	1	1	1
Pyæmia,	1	—	1	—	—	—	1
Diphtheria, . . .	—	1	1	—	—	—	1
Totals,	37	30	67	479	411	890	957

TABLE NO. 8.
Age of Patients Admitted.

	1875.			PREVIOUSLY.			Total in Twenty- two Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Betw'n 5 and 10 yrs.,	—	—	—	1	2	3	3
10 and 15 yrs.,	1	2	3	15	16	31	34
15 and 20 yrs.,	16	15	31	175	165	340	371
20 and 25 yrs.,	32	27	59	348	372	720	779
25 and 30 yrs.,	37	29	66	445	436	881	947
30 and 35 yrs.,	28	24	52	406	414	820	872
35 and 40 yrs.,	33	22	55	406	359	765	820
40 and 45 yrs.,	25	27	52	325	288	613	665
45 and 50 yrs.,	20	25	45	263	233	496	541
50 and 55 yrs.,	26	16	42	190	161	351	393
55 and 60 yrs.,	5	10	15	136	99	235	250
60 and 65 yrs.,	9	12	21	115	84	199	220
65 and 70 yrs.,	6	3	9	65	54	119	128
70 and 75 yrs.,	6	9	15	40	36	76	91
75 and 80 yrs.,	5	3	8	25	29	54	62
80 and 85 yrs.,	2	2	4	12	17	29	33
Over 85 years, . .	—	—	—	1	9	10	10
Totals, . . .	251	226	477	2,968	2,774	5,742	6,219

TABLE No. 9.

Occupation of all Male Patients Admitted.

Laborers,	828	Drivers, teamsters and hos-	
Farmers and gardeners,	332	tlers,	58
Seafaring men,	314	Police and watchmen,	4
Traders,	165	Engravers,	5
Mill operatives,	138	Engineers,	6
Artisans in iron,	169	Hotel and saloon keepers,	19
“ in silver and gold,	20	Clerks,	110
“ in tin, copper and		Artists,	2
lead,	15	Printers,	23
“ in leather,	232	Editors,	2
“ in wood,	174	Barbers,	16
“ in brick and stone,	82	Clergymen,	21
“ in glass,	2	Physicians,	20
Hat and bonnet makers,	11	Lawyers,	8
Painters,	55	Dentists,	4
Tailors,	40	Gauger,	1
Butchers,	17	In schools,	66
Bakers and cooks,	18	Actors and musicians,	11
Brewer,	1	Soldiers,	30
Cigar-makers,	14	No occupation,	113
Paper-hanger,	1	Unknown,	29
Bookbinder,	1		
Porters and waiters,	42	Total,	3,219

TABLE No. 10.

Civil Condition of all Persons Admitted.

	1875.			PREVIOUSLY.			Total in Twenty- two Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Married,	111	91	202	1,262	1,128	2,390	2,592
Single,	125	96	221	1,534	1,222	2,756	2,977
Widowed or divorced,	14	38	52	147	418	565	617
Unknown,	1	1	2	25	6	31	33
Totals,	251	226	477	2,968	2,774	5,742	6,219

TABLE No. 11.

Nativity of all Persons Admitted.

	1875.			PREVIOUSLY.			Total in Twenty- two Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
America, . . .	127	86	213	1,497	1,202	2,699	2,912
" Irish parents,	16	12	28	90	82	172	200
Ireland, . . .	68	95	163	962	1,229	2,191	2,354
England, . . .	9	6	15	114	84	198	213
British Provinces, .	11	14	25	81	86	167	192
Germany, . . .	8	6	14	115	50	165	179
Scotland, . . .	4	1	5	23	18	41	46
Portugal, . . .	2	1	3	15	5	20	23
Italy, . . .	1	—	1	15	3	18	19
Sweden, . . .	—	4	4	6	7	13	17
France, . . .	1	—	1	12	2	14	15
Denmark, . . .	1	—	1	8	1	9	10
Spain, . . .	—	—	—	8	1	9	9
West Indies, . . .	—	—	—	8	1	9	9
Switzerland, . . .	—	—	—	4	1	5	5
Asia, . . .	1	—	1	3	—	3	4
Holland, . . .	—	—	—	3	—	3	3
Wales, . . .	—	—	—	1	1	2	2
Russia, . . .	1	—	1	1	1	2	3
Turkey, . . .	—	—	—	1	—	1	1
Africa, . . .	—	1	1	—	—	—	1
Unknown, . . .	1	—	1	1	—	1	2
Total, . . .	251	226	477	2,968	2,774	5,742	6,219

TABLE No. 12.

*Assigned Causes of Insanity.**

	1875.			PREVIOUSLY.			Total in Twenty- two Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Intemperance, . .	35	14	49	632	190	822	871
Ill-health, . . .	13	43	56	180	574	754	810
Masturbation, . .	23	—	23	273	19	292	315
Domestic trouble, .	5	8	13	66	180	246	259
Religious excitement,	1	4	5	109	112	221	226
Epilepsy, . . .	15	11	26	125	78	203	229
Puerperal, . . .	—	12	12	—	198	198	210
Injury,	9	3	12	107	28	135	147
Pecuniary trouble, .	12	—	12	109	19	128	140
Loss of friends, . .	1	12	13	32	85	117	130
Brain disease, . .	11	7	18	94	33	127	145
Disappointment, . .	2	—	2	30	89	119	121
Hard work, . . .	6	3	9	49	46	95	104
Sunstroke, . . .	9	1	10	63	3	66	76
Old age,	5	11	16	19	29	48	64
Congenital, . . .	2	3	5	14	24	38	43
Fright,	—	4	4	11	20	31	35
Hard study, . . .	4	1	5	23	6	29	34
Use of narcotics, .	—	—	—	16	12	28	28
Want of employment,	2	—	2	16	4	20	22
Ill-treatment, . .	—	—	—	2	18	20	20
Jealousy,	—	—	—	12	8	20	20
Seduction,	—	—	—	—	18	18	18
Home-sickness, . .	—	—	—	3	12	15	15
Exposure,	—	—	—	13	2	15	15
Venereal,	—	—	—	5	4	9	9
Excitement, . . .	1	—	1	5	—	5	6
Healing of ulcer, .	—	—	—	1	2	3	3
Light reading, . .	—	—	—	—	2	2	2
Bad education, . .	—	—	—	1	1	2	2
Obsession,	—	—	—	1	—	1	1
Imprisonment, . .	—	—	—	1	—	1	1
Unknown,	95	89	184	956	958	1,914	2,098
Totals,	251	226	477	2,968	2,774	5,742	6,219

* Previous existence of insanity recorded in 76 cases.

TABLE NO. 13.

Age at which Insanity appeared.

	1875.			PREVIOUSLY.			Total in Twenty- two Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Under 5 years, . . .	4	5	9	32	19	51	60
Betw'n 5 and 10 yrs.,	2	4	6	16	16	32	38
10 and 15 yrs.,	7	2	9	46	38	84	93
15 and 20 yrs.,	18	20	38	247	234	481	519
20 and 25 yrs.,	40	27	67	417	430	847	914
25 and 30 yrs.,	30	26	56	460	505	965	1,021
30 and 35 yrs.,	35	35	70	418	374	792	862
35 and 40 yrs.,	35	23	58	372	350	722	780
40 and 45 yrs.,	22	28	50	284	247	531	581
45 and 50 yrs.,	16	15	31	222	192	414	445
50 and 55 yrs.,	15	10	25	145	113	258	283
55 and 60 yrs.,	6	10	16	122	84	206	222
60 and 65 yrs.,	6	8	14	83	60	143	157
65 and 70 yrs.,	8	6	14	55	37	92	106
70 and 75 yrs.,	5	4	9	21	24	45	54
75 and 80 yrs.,	1	1	2	16	24	40	42
Over 80 years, . . .	1	2	3	2	10	12	15
Unknown, . . .	—	—	—	10	17	27	27
Totals, . . .	251	226	477	2,968	2,774	5,742	6,219

TABLE NO. 14.

Last Residence of Patients.

	1875.			PREVIOUSLY.			Total in Twenty- two Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Suffolk County, . . .	150	150	300	1,370	1,412	2,782	3,082
Bristol County, . . .	45	41	86	523	417	940	1,026
Norfolk County, . . .	20	16	36	399	295	694	730
Plymouth County, . . .	15	10	25	219	194	413	438
Essex County, . . .	6	4	10	97	130	227	237
Middlesex County, . . .	9	3	12	118	108	226	238
Barnstable County, . . .	3	2	5	77	62	139	144
Dukes County, . . .	1	—	1	26	16	42	43
Nantucket County, . . .	2	—	2	16	8	24	26
Worcester County, . . .	—	—	—	3	6	9	9
Franklin County, . . .	—	—	—	2	2	4	4
Worcester Hospital, . . .	—	—	—	110	109	219	219
Other States, . . .	—	—	—	8	15	23	23
Totals, . . .	251	226	477	2,968	2,774	5,742	6,219

TABLE NO. 15.

*By whom Supported when Admitted.**

	1875.			PREVIOUSLY.			Total in Twenty- two Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
By State, . . .	153	134	287	1,801	1,787	3,588	3,875
Towns, . . .	84	77	161	784	577	1,361	1,522
Individuals, . . .	14	15	29	383	410	793	822
Totals, . . .	251	226	477	2,968	2,774	5,742	6,219

* Remaining in the Hospital Sept. 30, 1875:—Supported by the State, 135; by towns, 394; by friends, 73.

TABLE NO. 16.

Previous Hospital Residence.

	Males.	Females.	Total.
First residence, as far as known, in any hospital,	177	170	347
Previous residence in this hospital, . . .	53	37	90
“ “ in other hospital in Mass.,	14	13	27
“ “ in other hospital out of State,	7	6	13
Totals,	251	226	477

The year's record of admissions, four hundred and seventy-seven, as well as the whole number under treatment, nine hundred and eighty-five, is without parallel in the past history of the hospital. We did not build our extensions a moment too soon. We have already reached in numbers the full capacity of the hospital, as enlarged, and are a little crowded; but the classification is so much better than formerly, and we have been through so much closer times, that we are hardly conscious of the crowding. I think it safe to say, that we have seen the worst days of overcrowding, for this decade at least. It cannot be more than two years now before the new hospitals at Danvers and Worcester will be open for the reception of patients, and then we shall hardly be called upon to provide for more than we can comfortably accommodate.

The ratio of recoveries to the discharges, a little more than twenty-nine and one-half per cent., is as high as the facts would warrant, and include two or three who "recovered" from the effects of stimulants, only to return to their cups and be recommitted within the year; yet they were well to all appearance when discharged from the hospital. Exactly when these patients recover, or, having recovered, when they should leave the hospital, is a difficult point to decide. It would be a great mercy to such men and their families if the State should establish an inebriate reformatory where con-

firmed cases of this kind could be kept at work for a term of years. We have lived to see the passage of a law in Massachusetts making special and suitable provision for the convict and criminal insane, and we may live to see the claims of the inebriate, to proper provision also recognized. I do not despair of it. In the absence of any such state reformatory, this class will continue to be found insane, and the policy of hospitals will vary in regard to their detention, according as they are considered to be permanently or transitorily insane. The ground that has been taken here in those cases depending on inebriety, is, that after the person has ceased to manifest any evidence of insanity for a sufficient length of time to enable the body and mind to regain its normal strength and condition, he is discharged. That it is almost certain he will go out and drink and be again insane, has nothing to do with the question which our law presents, which is simply this, Has "the cause of confinement ceased"? A reformatory for inebriety would properly take into account the whole aspect of the case, while we are of necessity limited to the single question of existing insanity.

No person under ten years of age has been admitted during the year. Twelve per cent. of the admissions were persons above sixty years of age, of whom twenty-seven had attained the threescore and ten years of the Psalmist.

In looking at the causes of death in those deceased, in a majority of cases it is some form of brain change, without the complication of any acute disease. Those cases that were clearly cerebral disease, but, in the absence of any autopsy, were obscure as to the exact lesion of structure, have been recorded simply as organic brain disease. Paresis is taking high rank in the lists of mortality. This uniformly fatal form of brain disease is increasing, having invaded other ranks of society than those that furnished its first victims. It is still preëminently a disease of men, though not confined to that sex. A single case of diphtheria occurred that terminated fatally by invasion of the larynx. Two suicides have occurred, after three years of entire immunity from these accidents. Neither were supposed to be suicidal at the time, and both were considered well enough to be employed out of the wards. When we remember the great number under treatment, and

reflect how many of these are actively seeking to find a way out of the world, the wonder is, not that now and then a suicide happens, but that three years should have ever elapsed without one.

The whole number of deaths, sixty-seven, amounts to six and eight-tenths per cent. of the entire number under treatment, and is about the average of previous years; ten years it has been below, eleven years it has been above this.

While reverently admitting that the issues of life and death are not in our hands, a word in regard to the position which we occupy seems not uncalled for here. It is a pleasant thing for a hospital, at the close of the year, to be able to show a low rate of mortality; the inference of the average thinker is obvious, and a certain amount of self-gratulation in regard to the faithful discharge of duty is allowable. Another duty, not so pleasant, falls to the lot of some hospitals, —to take up and tenderly care for the stricken ones that the city casts out, loathsome with neglect and sinking from disease; no friends to care for them, where can they die but in a hospital? Who shall say that they are out of place there, or that the hospital whose inmates are largely drawn from the poor of a great city is chargeable with neglect because showing a higher rate of mortality than one which gathers its patients from a rural neighborhood? While the population of our hospital is drawn from its present sources, we must expect to take the lead in mortality; to be the scapegoat of the superficial statistician; content with the lowest seat, so only that we accomplish the work we have to do; standing patiently in our lot, remembering that "they also serve who only stand and wait."

The tables of duration of insanity present some points of interest. Out of 3,131 patients admitted to the hospital where the disease was of less than six months' duration at the time of admission, 1,351 recovered; while of 3,088 admissions where the insanity was of more than six months' standing, only 317 recovered; in other words, the chances of recovery in hospitals are four times as great where the patient is committed at an early period in the disease as when the disease has existed for six months or more before the admission. There is nothing new in this; and it is a point to which super-

intendents have often called the attention of the public. There is another point, however, which naturally connects with this, to which I fear attention has never been called, and which, I think, it is quite as important that the public should know. In 1860, of all the patients received at this hospital, more than sixty-seven per cent. belonged to that very curable class; that is, had been less than six months insane on admission. In 1865 they were still about fifty-eight per cent. of the number admitted. In 1870 they were only forty-eight per cent., and in the admissions of the last year they had fallen even below thirty-eight per cent. Where it will be five years hence I do not undertake to say. It is true these have been rather exceptional years, but take the five years ending with 1860, the per cent. is sixty-three, nearly; the five years ending with 1865, it is a little more than fifty-eight; the next five years it falls to forty-eight; and for the last five years, it is rather more than forty-three per cent. What is the meaning of all this? It cannot be said in our case that this is due to the transfer of chronic cases from other hospitals; for since the first two years, when transfers were made from Worcester, which time is purposely omitted from this calculation, our patients have come directly from the towns and people at large. This falling off in curable cases, and startling increase of chronic insanity on admission, I take to be due, in a great measure at least, to the efforts of the philanthropists, falsely so called. They may be proud of their work, feeling that if all the recent cases were kept at home they would all recover; but if so, whence come all these chronic cases which have of late been poured into our hospitals, in a way to impress us with the belief that insanity was increasing at an alarming rate? I fear they are some of the fruits of their labors. We have been accustomed to regard the typical modern philanthropists of the last dozen years as impracticable, but on the whole harmless. Their hobby has been personal liberty, the greatest freedom of the individual, and as an almost necessary corollary of this, that the treatment of the insane by restraint in hospitals is entirely erroneous. They study humanity in the abstract, and wholly ignore the fact that insanity is a disease; feeling that it would be a misuse of the English language to call the medical officer in

charge of a hospital anything but a keeper, they assume that he is a brute; always ready to tinker the laws that apply to the insane, but never to take any individual responsibility in their care; grand in generalities, with a wholesome scorn for the contemptible details of facts; men of kindly lives and generous impulses, groping after truth, they are fastened upon by every crazy old woman who wishes legislation undertaken touching the wrongs of the insane. Accordingly, legislatures are besieged, tales of abuse in hospitals judiciously inserted in all the leading papers, whose proprietors are only too willing to have something sensational to make them sell, commissions are appointed, investigations ordered, and another effort made to enlighten the public in regard to the unfortunate insane. All this may be very good for the officers of the hospitals, as preventing them from being puffed up with pride or having too easy a time, but there is also a darker side to the picture. How many relatives of friends under treatment in hospitals have thereby an added load to a burden already heavy enough to bear! Was it necessary to harrow with a nameless distrust and fear the heart already bowed with the anguish of a living widowhood? How many are living to-day outside of hospitals, a constant anxiety to their friends and a burden to society for support, who were treated at home on account of the tirade against hospitals! Taken there at first, they might have gone out well in a few months,—sooner or later, now, they will go there for life. “We kept her just as long as we could, for we dreaded to bring her to a hospital.” How often I hear it, and mentally I ask the question, Having kept her so long, why did you bring her at all? For a glance at a face that was young shows me that the light has gone out in the eye, and dementia has come where at first there was only mania. Standing in the presence of these blighted lives, I forget to be patient with a philanthropy whose blundering imbecility is little short of crime. For years Massachusetts has been overtaxed to support “isms.” She needs rest, and in that belief the last legislature voted to dispense with all further commissions and committees to investigate the condition of the insane, to which I think all who are honestly working for the best interests of that unfortunate class will say amen.

The last of the two extensions of the hospital, projected and commenced in the summer of 1873,—that for females,—has now been occupied for several months, and is giving great satisfaction. The wards are very light, airy and pleasant, with beautiful water and landscape views from the windows and verandas; everybody is pleased with them, and the wonder now is, how we could have gone on without them so long. The system of heating and ventilation adopted in the new buildings has proved so satisfactory, that we have introduced the same system of heating, and, as far as was possible, of ventilation, into the old house, and I see no reason to think that the result will disappoint us. The means of accomplishing these changes, as well as \$25,000 for completing and furnishing the new east wing, were promptly voted by the last legislature.

The work of grading up the grounds, inclosing new airing-courts, making furniture and bedding for the rooms, laying drains, etc., has given new opportunities for the employment of many of our inmates. We have now inclosed with suitable fences about three acres of ground for airing-courts, and a considerable portion of this work has been done by our own people. For a long time we have picked the hair and husks, and filled and stitched our own mattresses, one man taking charge of the work of a number of patients. Lately, we have introduced a saw-bench with circular saws, and a moulding machine, and are now making our own furniture, which, if not of the East-lake pattern, is elegant enough, and a great deal more comfortable to use, while in the matter of strength and durability it far surpasses any we can buy in the city warehouses. Two of our men have undertaken, by themselves, the covering with felting of all our main steam-pipes, together with their ramifications, to the different radiators. It is a work of no little magnitude; but from the progress already made, I predict that before the cold weather they will have satisfactorily completed a piece of pipe-wrapping, that for evenness of covering, smoothness of finish, and thoroughness of work, will compare favorably with any in the State. Again, in the matter of pipe-laying, I think the politicians might take lessons of some of our inmates, with advantage to themselves as well as the State.

All this work going on necessitates that considerable liberty should be given to the individual inmates ; and here comes up the question of paroles. On the principle, I suppose, that nothing is good until it has crossed the water, a medical gentleman, writing home from abroad, has lately called attention to the fact that in Scotland there is an asylum where a very large proportion of the inmates work out of doors, assisting about the farm, and to the still more remarkable fact that very many of these inmates come and go about the place at their will ; moreover, that this method of treatment is likely to prove a great success. This account has been extensively copied into the public prints, and the opinion freely expressed that it would be well if our own hospitals made some effort to keep pace with the improvements of the age, and endeavored to follow the lead of this Scottish asylum. Now, here in America, patients did go out to work on the hospital farms before this gentleman went abroad, but he probably never saw them ; and in one hospital, at least, "parole" had been a household word so long, that we hardly thought, at this late day, to see it claimed as a *new* method of treatment. Perhaps we have kept our light too much "under a bushel" ; certainly we have followed the injunction, "Do not sound a trumpet before thee." Then, too, we are indigenes, and did not originate abroad. In two of our wards, as you, gentlemen, very well know, the doors are always open from six in the morning until ten in the evening, and by day the inmates of these wards come and go at their will. Beyond this, the large numbers on each ward, and the imperfect classification consequent thereupon, has obliged me to give individual paroles from different wards, rather than to throw open the doors on any one floor. I doubt if there is any other hospital in the country that gives so many individual paroles as we do. I do not know this to be the fact, but if I assume it, I shall hardly be accused of boasting, since, to the minds of many, perhaps most superintendents, paroles are a very doubtful recommendation of a hospital, and the question cannot by any means be regarded as settled in their favor. That the close system is the easiest for the officers of a hospital, there is but little doubt ; "fast bind, fast find," is quite as true of the insane as of any other class, and it might be said,

that superintendents have care and responsibility enough, without the added anxiety of each individual parole. I do not think so. These hospitals were built for the cure of the insane, not for the comfort of their superintendents. If, the case being under my care, in my judgment the insane man is likely to be benefited by extending his liberty, and the community will not be seriously endangered by his elopement, am I not morally bound to take the responsibility, and give him his parole? I know the answer is, that you never know what an insane man may do, and the very fact that he is under treatment, presupposes that he is under the direct charge of somebody. But the answer simply begs the question, by assuming to decide what is the proper treatment for the insane. The whole matter is one of vital interest and importance, but I can hardly undertake to discuss it here. My observation, such as it is, leads me to feel—and more and more, as my experience gathers years—that a parole, cautiously given and properly guarded, is, in many cases, a most important element in the best curative treatment of the insane. I am confident that I often see convalescence go on to a more rapid recovery with, than without it, and in one or two cases of morbid depression, that seemed sinking into dementia, the opened door and the trusted manhood touched something that tonics had failed to reach. With due deference to the opinions of those who, with greater experience than mine, have arrived at an opposite conclusion, I still place myself on the record in favor of granting paroles to certain classes of the insane.

The finances of the hospital, at the close of the year, were in their usual prosperous condition, and there was a small cash balance in the treasury.

The "New Bedford Mercury," the "Old Colony Memorial," the "Gospel Banner," and the "Buffalo Medical and Surgical Journal," have been gratuitously sent us, and have been welcome visitors through the year; their editors will please accept our thanks. I hope it will occur to many more editors to place us on their free list. The Americans are a newspaper-reading people, and the hospital inmates are no exception to this. I should be glad to have all of them receive a daily paper, and a little more thoughtfulness on the part of friends would easily supply this, since a paper a day or two old is

still news to them. Any one having files or odd numbers of illustrated papers to dispose of, and willing to take their pay in the grateful thanks of our inmates, will find a ready market for them here. We acknowledge files of illustrated agricultural journals from Mr. S. O. Dunbar, also a number of bound volumes of the "Congressional Record" from Hon. William B. Washburn, which will furnish a winter's supply of reading for some of our retired politicians. Also the poor girl, who "did what she could" last year, has remembered us again; we are rich in having such friends. To D. H. Cahoon, for a gift of fruit; to W. H. Gray, for frequent supplies of tickets to the base-ball grounds; also to the Bristol County Agricultural Society, for their usual courtesy in admitting our people free to the fair-grounds, our thanks are due. Whoever has anything to offer will find us ready recipients. We have the divine assurance, that "it is more blessed to give than to receive." Judging by the pleasure that our people manifest at receiving, the giver must be richly paid. In these days of bank defalcations and doubtful railroad securities, I wish to again call the attention of men of means, seeking for secure investments, to the sinking fund of this great charity, as a safe place of deposit, subject to drafts on "a better country."

Quite recently, Dr. George L. Ellis has entered upon his duties as second Assistant Physician, and the record that he brings, as well as the impression that he makes, are very favorable. Otherwise, the staff of officers is unchanged. In the case of most, a now long term of service has only added to their usefulness. To their faithful labors and unremitting attention to the details of their respective duties, much of the success of the year is due. And to all who have faithfully striven to promote the best interests of the hospital and its charge, not to omit some inmates who have given most efficient and willing service, I tender thanks.

Gentlemen, the close of another year, and each succeeding week's visit not less, remind me to acknowledge how much I owe to your kind indulgence and generous support. I can only hope that I may be worthy of its continuance, and that, in the year to come, I may miss no familiar face from your meetings, and that you, on your part, will not weary in your

coming, knowing that "charity never faileth," and that our work here is never ended.

Many of the contemplated changes in the hospital are completed ; for some the work is now going on ; some are not even yet commenced. It is hard to say when a hospital is finished. So long as there are improvements to be made, and we have the means to make them, I hope we shall never be content to say we have done enough. Entering now on my sixth year of service here, and looking back over the busy years that are gone, I can see that we have gained ground even in my time ; looking forward, I see so much remaining to be done, that I feel that, do what we may, it will pass to other hands unfinished, like our lives here. May we hope both of our work and of our lives, that whenever we are called upon to leave them here, they may hereafter be finished "better than we knew."

W. W. GODDING,
Superintendent.

FINANCIAL STATEMENT

*Of the Appropriations made by the Legislatures of 1873,
1874 and 1875.*

Appropriation of 1873,	\$125,000 00
of 1874,	50,000 00
of 1875,	35,000 00
	<hr/>
	\$210,000 00
Drawn to September 30, 1874,	\$135,110 90
Since drawn,	65,565 12
	<hr/>
	200,676 02
	<hr/>
	\$9,323 98

JOHN KITTREDGE,
Treasurer.

TAUNTON, September 30, 1875.

TWENTY-THIRD ANNUAL REPORT

OF

THE TRUSTEES

OF THE

STATE LUNATIC HOSPITAL

AT

TAUNTON.

OCTOBER, 1876.

BOSTON:

ALBERT J. WRIGHT, STATE PRINTER,

79 MILK STREET (CORNER OF FEDERAL).

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Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The Trustees of the Taunton Lunatic Hospital, in compliance with the law, have the honor of presenting their Twenty-Third Annual Report, in connection with that of the Superintendent, Dr. W. W. Godding, containing in detail the operations of the various departments for the current year.

The number of patients remaining in the hospital, September 30, 1875, was: males, 319; females, 283; total, 602. Admitted since, 294 males and 289 females; total, 583: making the grand total 1,185 patients which were under treatment during the year.

There were discharged during the year, 218 males and 177 females; total, 395 persons; and 53 males and 45 females were removed by death. The discharges, including the deaths, were, accordingly, 271 males and 222 females, 493 in number, which, deducted from the grand total of 1,185 patients, left remaining in the hospital, September 30, 1876, 342 males and 350 female patients, making in the aggregate 692.

It will be seen that the admissions this year have been 583. The admissions last year were 477; showing an increase of 106 persons for the present year. The number under treatment last year was 985, and the number this year was 1,185, showing an increase of 200 patients.

It will therefore be apparent that the increase of our patients has been fully equal to our enlarged accommodations, and that, unless the Danvers and Worcester institutions are speedily completed, we are in danger of soon being in as crowded condition as we were before the completion of our additions.

There have been marked improvements, as well as additions and necessary alterations, in the halls and various departments of the old buildings, which render them much more pleasant and useful. Our outside airing-courts have been extensively enlarged, and so arranged that the patients can be classified while out enjoying the sunlight, air, and exercise, thus rendering the time spent there much more pleasant and agreeable to many of those who are old, quiet, and infirm.

Changes have also been made in the old buildings, by utilizing a portion of the airing-courts, or verandas, within the house, for the purpose of enlarging the accommodations and increasing the number of sleeping-rooms in the old departments. This not only gives quite a number of additional rooms, but adds much to the appearance and convenience of the halls, and to the sanitary condition of the same.

The new additions, and the renovation and alterations of the old buildings, have not only given an increased capacity for more patients, but have added very much to the general facilities and necessary requirements of the Hospital.

The Hospital has recently been visited by a representative from the hospitals in England, who gave it quite a thorough examination, and whose criticisms were complimentary. In most respects, he thought that the accommodations compared not unfavorably with the hospitals in England. He was particularly pleased with our boiler-room, machine-shop, and the engine-room, engines, force-pumps, etc.

For the excellence and convenience of these, and the added facilities which they furnish for the accommodation of the Hospital, we are indebted largely to our very satisfactory and able engineer, Mr. Rufus D. Godding. The old iron heating-pipes, which were removed when the new heating

apparatus was put into the old apartments, are now being used in constructing a substantial and permanent fence around some portions of the farm, the pipes being worth much more for this purpose than the market price of old iron. A new and enlarged oven has been built, and the bakery department and the storehouse for flour, etc., have been increased in size, and made much more convenient and useful. Some new machinery has been furnished for the wash-house, and some necessary alterations made in the same.

The hospital is indebted to our very able and efficient Superintendent, Dr. W. W. Godding, for many excellent suggestions, and many improvements in the old buildings. He has had a general supervision of the construction of the new buildings, and also of the alterations and changes made in the old departments. He has devoted his labors in this direction with energy, decision, and success, to the entire satisfaction of the Trustees, having secured for the new additions the various modern improvements in hospital arrangements, and also added largely to the former facilities and accommodations, and provided for the necessary wants of the old buildings. This has imposed heavy and onerous labors, in addition to his professional services; but the double service has been performed without apparent strain or injury to his mental or physical condition.

He has been ably sustained in the professional department by Drs. Gage and Ellis, who give entire satisfaction in the discharge of their responsible official duties. Mr. John Kirtledge, our Clerk and Treasurer, continues the discharge of his duties with his usual promptness and executive ability. And we mention with pleasure, that the employés within the various departments of the house have acquitted themselves generally to the satisfaction of the Superintendent and Trustees.

In conclusion, we congratulate Old Massachusetts, not only upon her general national character and reputation, her honesty, her fidelity to principle and hard money, and her consecration to the true spirit of liberty, but also for her generous and overflowing bounties, in providing and sustaining, for the comfort of the unfortunate insane, the splendid chari-

ties which add such lustre and glory to her name and reputation. May she continue to maintain her position in the future, as in the past, and may the blessings of Heaven rest upon her and hers forever.

O. AMES,
SIMEON BORDEN,
L. B. RUSSELL,
C. R. ATWOOD,
GEO. HOWLAND, JUNR.,
Trustees.

LIST OF PERSONS

Employed at the Taunton Lunatic Hospital, September 30, 1876.

Superintendent and Physician,	(per year), \$2,500 00
Assistant Physician,	" 1,500 00
Assistant Physician,	" 800 00
Treasurer and Clerk,	" 1,200 00
Supervisor (male),	" 500 00
Supervisor (female),	" 400 00
Housekeeper,	" 300 00
Seamstress,	" 200 00
Engineer,	(per month), 75 00
Baker,	" 40 00
Assistant Baker,	" 25 00
Assistant Supervisor (male),	" 30 00
Assistant Supervisor (female),	" 20 00
Coachman,	" 30 00
Gardener,	" 30 00
Nightwatch (male),	" 30 00
Nightwatch (female),	" 18 00
Firemen (3),	" 25 00
Laborers (3),	" 25 00
Laborer,	" 20 00
Farm hand,	" 35 00
Farm hands (2),	" 25 00
Attendants (male) (11),	" 25 00
Attendants (male) (9),	" 20 00
Attendants (female) (7),	" 16 00
Attendants (female) (18),	" 14 00
Assistant seamstresses (2),	" 14 00
Laundress,	(per week), 5 00
Laundress girls (7),	" 3 00
Cook,	" 4 00
Kitchen girls (7),	" 3 00
House attendants (2),	" 3 00
Stable boy,	(per month), 15 00

INVENTORY OF STOCK AND SUPPLIES

On hand, September 30, 1876.

Live-stock on the farm,	\$3,660 00
Produce of the farm on hand,	1,870 00
Carriages and agricultural implements,	1,900 00
Machinery and mechanical fixtures,	38,300 00
Beds and bedding,	20,718 50
Other furniture,	12,017 05
Furniture in the Superintendent's department,	1,875 00
Dry goods,	1,822 14
Provisions and groceries,	1,395 60
Fuel,	3,000 00
Drugs and medicines,	460 00
Library,	450 00
	<hr/>
	\$87,468 29

TREASURER'S REPORT.

I respectfully submit the following Report of the finances of this Institution for the year ending September 30, 1876, to the Trustees :—

ASSETS.

134 acres of land, at \$200 per acre,	\$26,800 00
Hospital building,	275,000 00
Brick barn and stable,	8,000 00
Other outbuildings and wall,	7,000 00
	<hr/> \$316,800 00

Personal Estate.

Stock and supplies on hand, as per inventory appended to the Trustees' report,	87,468 29
Reserve fund,	11,000 00
	<hr/>
Total Assets,	\$415,268 29

RECEIPTS.

Cash on hand, September 30, 1875,	\$1,033 19
Received from the state treasurer,	32,501 63
from towns,	80,304 64
from individuals,	16,270 77
from interest,	385 00
from sales,	417 29
	<hr/>
	\$130,912 52

PAYMENTS.

1st. Salaries, wages, and labor,	\$27,716 31
2d. Provisions and supplies ; viz.,—	
Meats of all kinds,	\$12,281 89
Fish of all kinds,	2,245 94
	<hr/>
Amounts carried forward,	\$14,527 83
	<hr/> \$27,716 31

<i>Amounts brought forward,</i>	.	.	.	\$14,527 83	\$27,716 31
Fruit and vegetables,	.	.	.	2,430 68	
Flour and bread,	.	.	.	6,782 20	
Grain and meal for table,	.	.	.	700 00	
Grain and meal for stock,	.	.	.	1,269 32	
Tea, coffee, and broma,	.	.	.	2,464 74	
Sugar and molasses,	.	.	.	4,714 80	
Milk, butter, and cheese,	.	.	.	10,267 31	
Salt and other groceries,	.	.	.	4,492 52	
					<hr/>
					47,649 40
3d. Clothing,	.	.	.	.	7,571 25
4th. Fuel and light,	.	.	.	.	7,879 11
5th. Medicines and medical supplies,	.	.	.	.	1,328 56
6th. Furniture, beds, and bedding,	.	.	.	.	11,213 35
7th. Transportation,	.	.	.	.	1,024 88
8th. Construction and repairs,	.	.	.	.	21,567 01
9th. Miscellaneous expenses,	.	.	.	.	3,401 59
					<hr/>
					\$129,351 46

LIABILITIES.

Salaries and wages due, October 1,	.	.	.	.	\$3,544 36
Miscellaneous bills due,	.	.	.	.	13,670 15
					<hr/>
					\$17,214 51

Due the institution for board, October 1 :—

From towns,	.	.	.	.	.	.	.	\$24 580 09
State,	.	.	.	.	.	.	.	7,168 00
individuals,	.	.	.	.	.	.	.	3,808 93
Cash on hand, September 30, 1876,	.	.	.	.	.	.	.	1,561 06
								<hr/>
								\$37,118 08

SUMMARY.

Total receipts,	.	.	.	.	.	.	.	\$130,912 52
Total payments,	.	.	.	.	.	.	.	129,351 46
								<hr/>
								\$1,561 06
Total liabilities,	.	.	.	.	.	.	.	\$17,214 51
Total debts due the institution,	.	.	.	.	.	.	.	35,557 02
								<hr/>
								\$18,342 51

Current expenditures,	\$129,351 46
Dividing this sum by 664, the average number of patients, we have, as the annual cost of each patient,	194 81
And the average weekly cost,	3 75

JOHN KITTREDGE, *Treasurer.*

The undersigned have this day examined the foregoing account of the Treasurer, compared it with the vouchers, and find it correct.

GEO. HOWLAND, JUNR.

C. R. ATWOOD.

OCTOBER 13, 1876.

SUPERINTENDENT'S REPORT.

To the Trustees of the Taunton Lunatic Hospital.

GENTLEMEN :—The falling leaf reminds us that it is time to close another year of hospital life. The summary of its work will be found in the tables below.

TABLE NO. 1.

	Males.	Females.	Totals.
Number of patients remaining Sept. 30, 1875,	319	283	602
Number of patients admitted since Sept. 30, 1875,	294	289	583*
Number of patients under treatment during the year,	613	572	1,185
Number of patients discharged during the year,	218	177	395†
Number of patients deceased during the year,	53	45	98
	271	222	493
Number of patients remaining Sept. 30, 1876,	342	350	692

* 18 males, 8 females, readmitted within the year.

† Including 6 by elopement.

The average daily number under treatment was 664+.

TABLE NO. 2.

Monthly Statement of Admissions, Discharges, and Deaths.

TIME.	Admitted.	Discharged.	Died.
September,	42	39	7
October,	46	23	11
November,	35	19	6
Autumn,	—123	— 81	— 24

TABLE NO. 2—Continued.

TIME.	Admitted.	Discharged.	Died.
December,	54	21	11
January,	44	36	5
February,	42	16	9
Winter,	—140	— 73	— 25
March,	48	38	9
April,	51	29	10
May,	59	48	5
Spring,	—158	—115	— 24
June,	58	49	8
July,	53	52	8
August,	51	25	9
Summer,	—162	—126	— 25
Totals,	583	395	98

TABLE NO. 3.

Condition of those Discharged.

	1876.			PREVIOUSLY.			Total in Twenty- three Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Recovered, . . .	61	62	123*	1,033	969	2,002	2,125
Improved, . . .	116	79	195	701	667	1,368	1,563
Unimproved, . .	41	36	77	607	631	1,238	1,315
Died,	53	45	98	513	444	957	1,055
Totals,	271	222	493	2,854	2,711	5,565	6,058

* Ratio of recoveries to discharges, including deaths, 24.95.

TABLE NO. 4.
Character of Insanity.

	1876.			PREVIOUSLY.			Total in Twenty- three Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Mania, . . .	137	142	279	1,619	1,575	3,194	3,473
Melancholia, . .	39	71	110	371	484	855	965
Monomania, . .	7	1	8	108	85	193	201
Dementia, . . .	90	68	158	1,059	842	1,901	2,059
Congenital imbecility,	3	4	7	10	10	20	27
Paresis (since 1870),	18	3	21	47	4	51	72
Not insane, . .	-	-	-	5	-	5	5
Totals, . . .	294	289	583	3,219	3,000	6,219	6,802

TABLE NO. 5.
Duration of Disease before Admission.

	1876.			PREVIOUSLY.			Total in Twenty- three Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Less than 3 months, .	82	108	190	1,230	1,228	2,458	2,648
Betw'n 3 and 6 mos.,	24	27	51	330	343	673	724
6 and 12 mos.,	33	24	57	334	265	599	656
1 and 2 yrs.,	55	39	94	378	324	702	796
2 and 3 yrs.,	27	24	51	237	187	424	475
3 and 4 yrs.,	11	11	22	125	127	252	274
4 and 5 yrs.,	10	8	18	97	99	196	214
5 and 10 yrs.,	31	32	63	266	244	510	573
10 and 20 yrs.,	18	13	31	151	133	284	315
Over 20 years, . .	3	3	6	71	50	121	127
Totals, . . .	294	289	583	3,219	3,000	6,219	6,802

TABLE No. 6.

Duration of Insanity before Admission in those Discharged Recovered.

	1876.			PREVIOUSLY.			Total in Twenty- three Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Less than 3 months, .	40	43	83	601	556	1,157	1,240
Betw'n 3 and 6 mos.,	8	7	15	92	102	194	209
6 and 12 mos.,	4	4	8	58	62	120	128
1 and 2 yrs., .	3	3	6	40	39	79	85
2 and 3 yrs., .	1	3	4	29	18	47	51
Over 3 years, . .	5	2	7	34	37	71	78
Totals, . .	61	62	123	854	814	1,668	1,791

TABLE No. 7.

Causes of Death in those Deceased.

	1876.			PREVIOUSLY.			Total in Twenty- three Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Phthisis, . . .	6	7	13	69	106	175	188
Maniacal Exhaustion,	5	6	11	70	81	151	162
Paresis, . . .	6	1	7	99	15	114	121
Inanition, . . .	2	7	9	41	44	85	94
Apoplexy, . . .	13	5	18	44	28	72	90
Org. Brain Disease, .	15	9	24	38	24	62	86
Paralysis, . . .	—	—	—	29	18	47	47
Diarrhœa, . . .	—	2	2	20	24	44	46
Epilepsy, . . .	3	1	4	23	12	35	39
Old Age, . . .	—	2	2	12	15	27	29
Fever, . . .	—	—	—	14	5	19	19
Disease of Heart, .	1	—	1	7	11	18	19
Dysentery, . . .	—	—	—	10	7	17	17

TABLE NO. 7—Continued.

	1876.			PREVIOUSLY.			Total in Twenty- three Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Suicide, . . .	—	1	1	8	6	14	15
Pneumonia, . . .	1	1	2	4	8	12	14
Anæmia, . . .	—	—	—	4	7	11	11
Erysipelas, . . .	—	1	1	4	5	9	10
Disease of Liver, . . .	1	—	1	3	3	6	7
Gangrene, . . .	—	—	—	1	4	5	5
Congestion of Lungs, . . .	—	—	—	1	4	5	5
Cancer, . . .	—	1	1	—	4	4	5
Cystitis, . . .	—	—	—	2	1	3	3
Scrofula, . . .	—	—	—	1	1	2	2
Chorea, . . .	—	—	—	1	1	2	2
Gastritis, . . .	—	—	—	1	1	2	2
Peritonitis, . . .	—	—	—	1	1	2	2
Disease of Kidney, . . .	—	—	—	—	2	2	2
Carbuncle, . . .	—	—	—	1	—	1	1
Burns, . . .	—	—	—	—	1	1	1
Measles, . . .	—	—	—	1	—	1	1
Variola, . . .	—	—	—	1	—	1	1
Injury, . . .	—	—	—	1	—	1	1
Strangulation by food, . . .	—	—	—	1	—	1	1
Necrosis, . . .	—	—	—	1	—	1	1
Abscess, . . .	—	—	—	1	—	1	1
Rheumatism, . . .	—	—	—	1	—	1	1
Strangulated Hernia, . . .	—	—	—	—	1	1	1
Pyæmia, . . .	—	—	—	1	—	1	1

TABLE No. 7—Concluded.

	1876.			PREVIOUSLY.			Total in Twenty- three Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Diphtheria, . . .	—	—	—	—	1	1	1
Accidental Drowning,	—	1	1	—	—	—	1
Totals, . . .	53	45	98	516	441	957	1,055

TABLE No. 8.

Age of Patients Admitted.

	1876.			PREVIOUSLY.			Total in Twenty- three Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Betw'n 5 and 10 yrs.,	1	—	1	1	2	3	4
10 and 15 yrs.,	2	—	2	16	18	34	36
15 and 20 yrs.,	18	11	29	191	180	371	400
20 and 25 yrs.,	43	38	81	380	399	779	860
25 and 30 yrs.,	30	43	73	482	465	947	1,020
30 and 35 yrs.,	43	41	84	434	438	872	956
35 and 40 yrs.,	45	44	89	439	381	820	909
40 and 45 yrs.,	28	33	61	350	315	665	726
45 and 50 yrs.,	18	16	34	283	258	541	575
50 and 55 yrs.,	26	22	48	216	177	393	441
55 and 60 yrs.,	13	9	22	141	109	250	272
60 and 65 yrs.,	14	15	29	124	96	220	249
65 and 70 yrs.,	8	6	14	71	57	128	142
70 and 75 yrs.,	2	4	6	46	45	91	97
75 and 80 yrs.,	2	4	6	30	32	62	68
80 and 85 yrs.,	1	2	3	14	19	33	36
Over 85 yrs., . . .	—	1	1	1	9	10	11
Totals, . . .	294	289	583	3,219	3,000	6,219	6,802

TABLE No. 9.

Occupation of Male Patients Admitted.

Laborers,	923	Traders,	177
Farmers and gardeners,	350	Engravers,	6
Scafaring men,	334	Engineers,	6
Mill operatives,	140	Barbers,	18
Workers in iron,	188	Gauger,	1
in silver and gold,	26	Police and watchmen,	6
in tin, copper, and		Hotel and saloon keepers,	23
lead,	16	Porters and waiters,	44
in leather,	251	Clerks,	122
in wood,	196	Dentists,	4
in brick and stone,	88	Clergymen,	24
in glass,	3	Physicians,	20
Hat and bonnet makers,	11	Lawyers,	8
Cigar makers,	17	Editors,	2
Painters,	63	Soldiers,	30
Tailors,	42	Artists,	4
Butchers,	17	Actors and musicians,	11
Bakers and cooks,	21	In school,	68
Printers,	23	No occupation,	132
Brewer,	1	Unknown,	30
Paper-hanger,	1		
Bookbinder,	1	Total,	3,513
Drivers, teamsters, and hostlers,	65		

TABLE No. 10.

Civil Condition of all Persons Admitted.

	1876.			PREVIOUSLY.			Total in Twenty- three Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Married,	122	122	244	1,373	1,219	2,592	2,836
Single,	159	118	277	1,659	1,318	2,977	3,254
Widowed or divorced,	11	46	57	161	456	617	674
Unknown,	2	3	5	26	7	33	38
Totals,	294	289	583	3,219	3,000	6,219	6,802

TABLE No. 11.
Nativity of all Persons Admitted.

	1876.			PREVIOUSLY.			Total in Twenty- three Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
United States, . . .	176	122	298	1,730	1,382	3,112	3,410
Ireland, . . .	67	128	195	1,030	1,324	2,354	2,549
England, . . .	8	5	13	123	90	213	226
British Provinces, .	11	18	29	92	100	192	221
Germany, . . .	13	6	19	123	56	179	198
Scotland, . . .	—	2	2	27	19	46	48
Portugal, . . .	5	1	6	17	6	23	29
Italy, . . .	2	—	2	16	3	19	21
Sweden, . . .	—	3	3	6	11	17	20
France, . . .	2	1	3	13	2	15	18
Denmark, . . .	—	1	1	9	1	10	11
West Indies, . . .	1	—	1	8	1	9	10
Spain, . . .	—	—	—	8	1	9	9
Switzerland, . . .	—	—	—	4	1	5	5
Holland, . . .	2	—	2	3	—	3	5
Asia, . . .	—	—	—	4	—	4	4
Russia, . . .	—	—	—	2	1	3	3
Wales, . . .	—	—	—	1	1	2	2
Africa, . . .	1	—	1	—	1	1	2
Turkey, . . .	—	—	—	1	—	1	1
Unknown, . . .	6	2	8	2	—	2	10
Totals, . . .	294	289	583	3,219	3,000	6,219	6,802

TABLE NO. 12.
Assigned Causes of Insanity.

	1876.			PREVIOUSLY.			Total in Twenty- three Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Intemperance, . .	50	16	66	667	204	871	937
Ill-health, . . .	6	36	42	193	617	810	852
Masturbation, . .	27	2	29	296	19	315	344
Domestic trouble, .	2	13	15	71	188	259	274
Religious excitement,	4	3	7	110	116	226	233
Epilepsy,	20	14	34	140	89	229	263
Puerperal,	—	20	20	—	210	210	230
Injury,	5	2	7	116	31	147	154
Pecuniary trouble, .	7	—	7	121	19	140	147
Loss of friends, . .	—	7	7	33	97	130	137
Brain disease, . .	16	2	18	105	40	145	163
Disappointment, . .	—	3	3	32	89	121	124
Hard work,	4	3	7	55	49	104	111
Sunstroke,	9	2	11	72	4	76	87
Old age,	2	6	8	24	40	64	72
Congenital,	1	1	2	16	27	43	45
Fright,	1	1	2	11	24	35	37
Hard study,	3	—	3	27	7	34	37
Use of narcotics, . .	1	—	1	16	12	28	29
Want of employment,	2	1	3	18	4	22	25
Ill-treatment, . . .	—	—	—	2	18	20	20
Jealousy,	—	1	1	12	8	20	21
Seduction,	—	—	—	—	18	18	18
Home-sickness, . . .	—	—	—	3	12	15	15
Exposure,	—	—	—	13	2	15	15
Venereal,	—	1	1	5	4	9	10
Excitement,	—	1	1	6	—	6	7
Healing of ulcer, . .	—	—	—	1	2	3	3
Light reading, . . .	—	—	—	—	2	2	2
Bad education, . . .	—	—	—	1	1	2	2
Obsession,	—	—	—	1	—	1	1
Imprisonment, . . .	—	—	—	1	—	1	1
Unknown,	134	154	288	1,051	1,047	2,098	2,386
Totals,	294	289	583	3,219	3,000	6,219	6,802

TABLE No. 13.

Age at which Insanity Appeared.

	1876.			PREVIOUSLY.			Total in Twenty- three Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Under 5 years, . . .	5	2	7	36	24	60	67
Betw'n 5 and 10 yrs.,	4	4	8	18	20	38	46
10 and 15 yrs.,	7	7	14	53	40	93	107
15 and 20 yrs.,	37	16	53	265	254	519	572
20 and 25 yrs.,	38	40	78	457	457	914	992
25 and 30 yrs.,	27	55	82	490	531	1,021	1,103
30 and 35 yrs.,	47	45	92	453	409	862	954
35 and 40 yrs.,	37	34	71	407	373	780	851
40 and 45 yrs.,	21	16	37	306	275	581	618
45 and 50 yrs.,	22	26	48	238	207	445	493
50 and 55 yrs.,	18	11	29	160	123	283	312
55 and 60 yrs.,	16	11	27	128	94	222	249
60 and 65 yrs.,	9	6	15	89	68	157	172
65 and 70 yrs.,	1	11	12	63	43	106	118
70 and 75 yrs.,	5	1	6	26	28	54	60
75 and 80 yrs.,	—	2	2	17	25	42	44
Over 80 years, . . .	—	2	2	3	12	15	17
Unknown, . . .	—	—	—	10	17	27	27
Totals, . . .	294	289	583	3,219	3,000	6,219	6,802

TABLE No. 14.
Last Residence of Patients.

	1876.			PREVIOUSLY.			Total in Twenty- three Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Suffolk County, . .	181	207	388	1,520	1,562	3,082	3,470
Bristol County, . .	51	35	86	568	458	1,026	1,112
Norfolk County, . .	19	7	26	419	311	730	756
Plymouth County, . .	20	22	42	234	204	438	480
Essex County, . . .	3	9	12	103	134	237	249
Middlesex County, . .	7	6	13	127	111	238	251
Barnstable County, . .	8	3	11	80	64	144	155
Dukes County, . . .	5	—	5	27	16	43	48
Nantucket County, . .	—	—	—	18	8	26	26
Worcester County, . .	—	—	—	3	6	9	9
Franklin County, . .	—	—	—	2	2	4	4
Worcester Hospital, . .	—	—	—	110	109	219	219
Other States, . . .	—	—	—	8	15	23	23
Totals,	294	289	583	3,219	3,000	6,219	6,802

TABLE No. 15.
*By whom Supported when Admitted.**

	1876.			PREVIOUSLY.			Total in Twenty- three Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
By State,	160	173	333	1,954	1,921	3,875	4,208
towns,	121	104	225	868	654	1,522	1,747
individuals,	13	12	25	397	425	822	847
Totals,	294	289	583	3,219	3,000	6,219	6,802

* Remaining in the Hospital, Sept. 30, 1876:—Supported by the State, 137; by towns, 486; by friends, 69.

TABLE No. 16.
Previous Hospital Residence.

	Males.	Females.	Total.
First residence, as far as known, in any hospital,	209	201	410
Previous residence in this Hospital, . . .	62	60	122
“ “ in other Mass. hospital, . . .	12	20	32
“ “ in other hospital out of State,	11	8	19
Totals,	294	289	583

We have ceased to be surprised at a greater number of admissions than that of any previous year, and have come to expect it. I think, however, that the limit has been reached, and that the centennial year will hereafter stand on the hospital record as showing the highest number of admissions of any; certainly this constantly shifting population is every way undesirable, and we look forward with a sigh for the time, however distant, when the opening of the new hospital at Danvers will leave us with more of the character of a permanent asylum for the insane, and less that of a vast emigrant depot where the passengers stop for a night, wash up, and move on. This Hospital, admitting only from its own and adjacent counties, the south-eastern district of Massachusetts, to which it belongs, would receive from one hundred to one hundred and fifty patients during the year, and so would take rank next above Northampton in the numbers of its recoveries and deaths. As it is, overwhelmed by the great floating element of our population that drifts into Suffolk, and there with poverty and drink breaks down into madness, we are compelled to make room for others, by discharging those who are only improved; and should it appear that our per cent. of mortality is higher than either of the other state hospitals, we can only say we had reason to expect it. We find no fault with this; we simply accept the situation, but think we have a

right to ask that, in any comparison which may be made, the necessity—not to say misfortune—of our position may be taken into account.

The whole mortality of the year, ninety-eight, amounting to eight and one-fourth per cent. on the whole number under treatment, though not so high a rate as some years in the past, is considerably above the general average. The Hospital has really been remarkably free from any acute disease; but the "hard times" have had the effect not only to develop insanity, but to swell the number of admissions of enfeebled cases, far gone with disease,—the question of expense sending to the hospital many who in more prosperous times would have been cared for at home,—so that the number who have made the hospital the last stepping-stone on their way down the valley is quite unusual. Twenty-six deaths have occurred within one month, and forty-three within three months after admission; while fifty-three deaths, more than one-half the whole number, were the direct result of different forms of brain disease. Against their records thus early closed, since organic brain disease is so sad to contemplate, and, with our present knowledge, hopeless of cure, I might fittingly write "euthanasia," with all its old Greek meaning.

In the report of last year, the fact was mentioned that twenty years ago nearly two-thirds of all the patients admitted had been insane less than six months on admission, while at the present time less than one-half of those received belong to that class of acute cases. I regarded this as important, as showing, among other things, how far prejudice against hospitals was acting to keep friends from bringing the insane under treatment, until the time when the best results might be expected had passed by. Such possible fruits of a well-meaning but ill-directed philanthropy, it seemed to me, should not be overlooked, and I accordingly called attention to it. It has been thought that the explanation of this seemingly alarming increase in chronic cases was to be found in the fact that a great many former inmates of this and other hospitals, who have not been cured, or have again become insane, find their way back, and go to swell the number of chronic cases, so that really there is no evidence that the insane are retained at home, or that the per cent. of curable cases is in any way

reduced, other than that just mentioned. This view is so encouraging, that I ventured to hope it was true. During the past year, I have had occasion to go very carefully over the entire records of the Hospital, with a view of submitting in the present report a synopsis of results of treatment and general statistics that might be considered of value, all of which, in order to give time for greater detail and accuracy, it has been thought best to defer until it should include the results of the first twenty-five years of hospital record. I may, however, say, that in the preliminary work for this, care has been taken to so arrange the admissions, as to show for each year the number of those who had previously been inmates of this or any other hospital. Taking the same years that were made the basis of my calculation last year, and retaining only those who so far as known had never previously been inmates of any hospital, the per cent. of those less than six months insane admitted in the five years ending with 1860, is more than sixty-seven per cent. of the whole number received; for the five years ending with 1865, the per cent. is still sixty-five; but for the five years ending with 1870 it falls to nearly fifty-two, and for the corresponding period to 1875 it is forty-nine per cent. For the past year the per cent. has been forty-five. The fact then remains, that, for some cause or other, the per cent. of acute cases admitted directly from the country at large, not including former hospital residents, has in this Hospital fallen within twenty years from two-thirds to something less than one-half of the whole number received. As a corollary of this, the per cent. of recoveries on discharges has fallen from more than forty per cent. in 1860, to less than twenty-five per cent. in 1876. In crediting this, in a measure at least, to the persistent and pernicious agitation of the question of the care of the insane, and strictures on the treatment in hospitals by those who know the least about them, I may have been mistaken; but if these infesters of reform have not done this, I hardly know what else they have accomplished.

Two years since, in my report, I raised the question, What we still lack, and deemed it but courteous to leave it to the then newly appointed Commission of Lunacy to answer. Of that commission, which was to accomplish so much, nothing

now remains but the report of the chairman, which, with all its ability, was wholly preliminary to another that never came; the assumptions of Phillips; the interpolation of Sewall, and the letter-boxes that have become monumental! I am sick of the "wisdom of this world" that it is so often "foolishness."

And still the question recurs, "What lack we yet?" It would be ungenerous to expect us to point out our own faults, even if we knew them; but without undertaking to say wherein we are deficient, it may be profitable to us to consider, in the space usually occupied with the discussion of the crops and the details of the year's labors, what are the great needs of the insane here in Taunton. We hear a good deal about the provision for the insane in Scotland, in England, in Ghent; but the practical question for us is not what can be done for the peasant population of Great Britain, or the imbeciles of the Low Countries, however interesting those inquiries may be, but, in our own particular field of labor, what is doing for the class of insane that are committed to our care. And here, in passing, I wish to put myself on record as believing in a New England type of insanity, certainly more positive, clearer cut, and less easily managed, than the majority of cases elsewhere. With experience in two New England hospitals, as well as the observation of a large number of the insane from different sections in another latitude, I should still hesitate to put forward this opinion, had I not found it to be confirmed by others who have had equal or greater opportunities than my own for testing its truth or falsity. It may be a trace of the old Puritan blood, but I think, rather, that it is due to the character of our climate, as it soon appears in our foreign population. It is characterized by intensity,—used often to culminate in Bell's disease, which I have not seen of late; it delights in noise,—the crash of glass is music in its ears; it rends its garments, refuses food so as often to require the stomach-tube, settles into despair so deep that it would seem dementia were it not so actively suicidal, and, in acute cases, dies of maniacal exhaustion out of all proportion to that recorded elsewhere. Of course there is no one at all conversant with insanity in any region but sees just such cases as I have outlined; but in New England

this seems to be the prevailing type in acute cases, certainly enough so to characterize the section.

In considering what should be done for our insane, let us devote one moment to the geographical situation. Massachusetts is still engaged in building, at no inconsiderable expense, two large state hospitals at Worcester and Danvers. When these are completed, we shall have four first-class hospitals, each advantageously situated, geographically and by its railroad facilities, to accommodate its own section. Northampton, the smallest hospital, will have the western district, of least population,—the counties of Berkshire, Franklin, Hampshire, and Hampden, with a population in 1870 of 220,399. The great hospital at Worcester will be most easy of access to the entire county of Worcester and about one-half of Middlesex, with a population of 329,977. Taunton is the most convenient point to the south-east district, comprising the counties of Bristol, Norfolk, Plymouth, Barnstable, and the islands, with a population by the same census of 318,119. There remains the counties of Suffolk, Essex, and the half of Middlesex, composing the north-eastern section, with the very unequal population of 609,238, to be provided for at Danvers. Here, then, in providing for this excess of population, is at once the want and the opportunity for Massachusetts. Elevate Tewksbury out of a mere receptacle into the position of a state hospital; make it, as now, exclusively for the insane who, having no settlement, are preëminently the wards of the State. A great proportion of this floating population is in and about Boston, and Tewksbury is as easy of access as Danvers. We do not want a palace for this; buildings substantially like the detached wards at Ovid, N. Y., with an executive building of moderate size and convenient access, with no expense for mere architectural display, would still afford everything that is essential or really desirable for the treatment of the insane. Surely it cannot be that Massachusetts, after spending three millions of dollars in order to place her charities on the highest plane of excellence, will hesitate now to complete the work, and give to those who have become her dependants, not from crime, not from poverty, but from the saddest misfortune of humanity, the most perfect provision that the world has yet seen.

“The quality of mercy is not strained.”

I do not say that Massachusetts should erect these buildings during the coming year, though no more opportune time for doing the work economically could be found. It is capable of demonstration, that for one-sixth of the sum that Danvers will cost the State when completed, good creditable buildings, with all necessary appliances, and ample accommodation for three hundred not chronic but curable state patients, might be erected at Tewksbury. Thus far, as a receptacle appended to an almshouse, removing hope by characterizing its inmates as incurables, it has been a very doubtful success; as a working hospital for all the insane who are state charges, it might, in the right hands, be made a model curative institution. If those who have the direction of these munificent charities act with the wisdom and energy that their great trust demands, I cannot doubt but some such hospital will soon be an accomplished fact. Lying within the limits of the north-eastern district, where probably three-fourths of those having no settlement reside, the majority of commitments would be direct from the people; but acute cases, state charges, committed to either of the other hospitals, becoming chronic, they could then, as now, be transferred by the state agent; thus, while removing an element essentially foreign, it would leave each hospital its own field and its own work.

And so, again, what is our work, and what our need? The chairman of the Board of State Charities, in his report of last year, has very pertinently said, referring to the same subject, “Where much is given, much ought to be required.” The work of construction completed, certainly in our own case not extravagantly, but well, and the hospitals finished and opened that are to relieve us of the great overpowering element of Suffolk, that now crowds all our wards to overflowing, the State has a right to expect at our hands the best care and curative treatment of those committed to our charge. We ought to be able to provide so well for all within the limits of our district, that they shall not wish to go elsewhere for treatment. The policy of the State in building these magnificent new hospitals for Boston and Worcester, has plainly been to say to every citizen, no matter how wealthy, “You can be cared for in the institutions of your own State as well as, if

not better than, in any private establishment." The people of our own section are, for the most part, good, honest country people ; they want convenient rooms, comfortable, but not palatial. With such trifling changes as we shall be able to make in the interior arrangements, after the crowd is gone, our buildings are good enough, and will abundantly satisfy them. The same may be said of furniture and interior decoration. Some changes will doubtless be needed in entering upon a new era, but not very extensive, and I hope not more expensive than can be provided for out of the current expenditures. What we want is pleasant, home-like nooks, and comfort makes itself a home where luxury is unknown. We shall do well to imitate the English in this, and make them homes full of blooming plants and singing birds. Somehow there is a wonderful newness about everything in our hospitals. I wish the old ivy could be made to cling round more of our American institutions ; but time at last mellows all things. To care for the birds and train the plants, some one will find occupation in this ; and when desponding minds have found that, Pilgrim-like, they have the key which will unlock all the gates in that dungeon of despair. More and more, as I walk these wards, I have come to feel that varied employment is the great want for these vacant minds. In the treatment of the insane, an interest in anything outside of themselves is a distinct point gained ; awaken that, and much that "was dead" is "alive again." To say that they need occupation, is trite ; but to find it for them, is the problem whose conditions are ever new and ever varying. Pictures, and music, and the other pleasant objects that are relied upon by the casual visitor as the things to make the insane happy, do not generally do it. They are not without value, and a really good picture may often divert, or a pleasant air well played beguile, out of its sadness, the mind whose intellectual vigor is still unimpaired. To such they may with memories supplant in the brain disordered fancies ; but what can be done for those demented ones, in whose souls long since the "chambers of imagery" sunk to basements ? Here some form of manual labor may still be attempted. The manual dexterity acquired in health sometimes survives the mind ; the motions, as in knitting, are almost automatic, and go on with the feeblest glimmer of

intelligence. What is wanted is attendants with ability and tact to study and develop each individual case. The difficulty is to get attendants to realize that when the rooms are put in order their work is but just begun. The old adage says, "You cannot get the stream to rise above the fountain," but just here comes in the force-pump; these things *must* be done; those having the immediate charge must have an interest in and a love for their work, or they accomplish nothing. We must be prepared to show to friends, to town authorities, that the man is better off, is more of a man being in a hospital than grovelling down under the shadow of an almshouse. For years, anxiously occupied with acute cases, crowded almost beyond endurance, we have been content to forego argument, willing that town officials should take away their inmates, perhaps trying to persuade ourselves that they would be very comfortable at the almshouse. Our apology must be found in our situation; we knew better, but it was a choice of evils. In the future, we shall change all this, take back the insane out of these receptacles, and, finding place and work for them, demonstrate that there is benefit in hospital treatment even for these, and that in those stolid faces we may still trace the faded lines of the Image that was once stamped there. Labor on the land and about the grounds is a direction in which, in the future, even more than in the past, we shall be able to avail ourselves very extensively of the services of patients. The grounds are susceptible of almost indefinite development in many ways, and now that the buildings are so nearly completed, the surroundings will receive more attention. We have planted out some two hundred evergreens in honor of this centennial year, and shall hope to continue in the same direction. We have always given paroles very freely, and have had little reason to regret it. I am, however, inclined to think that in the future, except perhaps in some special cases, the parole should be coupled with a condition of labor, even though that labor be merely nominal. Not that I would reduce the number of paroles, but I would make the parole an inducement to work. Everything should be done to encourage employment. The favors and rewards in a hospital should all be in that direction; and since you cannot, from the circumstances of the case, make labor compulsory, it is so

clearly a hygienic measure, that it is quite desirable to have the public sentiment strongly in its favor, so that in a hospital, every one well enough, and in a condition to be trusted, should be expected to work. During the past year, in addition to the usual ground, a new tract of land has been tested for garden vegetables, and the success has been such as to justify the belief that a large portion of our soil is better suited for this purpose than for grass. On crops of this kind, an almost indefinite amount of labor can be expended with profit, or without it. What, after all, has profit to do with the question of the cultivation of a hospital farm? The success of that farming is to be measured by the sound heads restored to the community, rather than the number of cabbages sent to the kitchen. I am not hopeful that we shall ever see all the hospital inmates working quietly on the land, however desirable a result that might be. The type of insanity in acute cases, to which allusion has been made, forbids this; the community at large has some claim to be protected from the irruption of elopers. Because labor is recognized as a remedial agent, we are not therefore to make it a panacea for all the acute cases of suicidal and homicidal mania of which we see so many. Medicine has here its legitimate sphere, all the more important that in a majority of these cases a cure may be hoped for. The future can give us much in this direction, and some forms of the disease apparently not incurable, but for which we have no present remedy, may yet be controlled by medicine.

The key-note of treatment is to take the man away from the contemplation of himself; to this all the occupations, the games, the walks, the drives, and other diversions, tend. As a rule, the insane are egotists; their thoughts, feelings, and sympathies are all for themselves,—not, of course, without exceptions, but only enough to establish the rule. Insanity is like a mail of selfishness, shutting the man from the rest of his kind, and yet no spear will touch that coat of mail like human sympathy; gain his confidence, show him that you are his friend, get but the smallest avenue to his heart through which all good influences may enter in, and the chances are that ere long you may find him interested in his work, attentive to

what you show him, beginning to feel a sympathy for the poor ones about him,—”and the demon departed from him.”

During the past year, considerable progress has been made with repairs and improvements that had been previously laid out, although they are not yet completed. These changes have involved an unusual outlay; but the finances of the Hospital are in a healthy condition, as will be seen by reference to the Treasurer’s report.

We are, as usual, indebted to the editors of the “Old Colony Memorial,” the “Gospel Banner,” and the “Buffalo Medical and Surgical Journal,” for their papers gratuitously sent,—they are a pleasant addition to our reading matter; to Miss D. L. Dix for kind remembrances in the way of pictures for the rooms, and no less for her sunny presence in our wards. The Bristol County Agricultural Society, as usual, freely admitted our inmates to their grounds during the fair time. There have been some other gratuities, for which the donors will please accept our thanks, without particular mention. But the event of the year has been the arrival of a “flower mission” at our door. After this, we shall believe even a legacy possible. Our inmates had often read of the flower mission much as they might read in the “Missionary Herald” of the doings of the foreign missions, never thinking that it could mean anything to them. This quite unexpected pleasure is due to the thoughtful kindness of one of our Taunton ladies, who, for many weeks, with her own hands, arranged and brought numberless little bouquets of choice flowers to be distributed among the individual inmates. The frosts are busy this night with the flowers in many yards, but the roses of that garden are safe, and will keep fresh all winter in the memory of those whose rooms they brightened like a gleam of sunshine. “When thou makest a feast,” said the Master.

To the medical staff and subordinate officers, who have remained without change through the year, I am under renewed obligations, for their faithful services and arduous labors under the increasing weight of duties laid upon them by this busy year.

Gentlemen, it has been pleasant to see your faces with each week’s return. All these years that are past, to which this

closing record now adds another, have led me to rely very much on your sympathy and support,—the burden is not heavy when kindness lightens it. For your interest in all our labors, your counsel often sought and freely given, for most willing service at all times, I thank you.

The way may seem long, yet how each year shortens it. Are we weary? the rest lies just beyond. Gleaning in these fields, much of our labor may seem in vain, yet toil on; what is garnered we know not; we only know that here our work was given us. Our harvest,—it is not all stubble, though the world tramples and forgets it. What matters the world's neglect? It will be enough, if, coming late to the evening time, bowed with toil, and hands, let us hope, not wholly empty, we can still say, "Master, behold my sheaves."

W. W. GODDING,

Superintendent.

FINANCIAL STATEMENT

*Of the Appropriations made by the Legislatures of 1873,
1874, and 1875.*

Appropriation of 1873,	.	.	.	.	.	.	\$125,000 00
of 1874,	.	.	.	.	.	.	50,000 00
of 1875,	.	.	.	.	.	.	35,000 00
							<hr/>
							\$210,000 00
Drawn to September 30, 1875,	.	.				\$200,676 02	
Since drawn,	.	.	.	.	.	9,323 98	
						<hr/>	\$210,000 00

JOHN KITTREDGE,
Treasurer.

TAUNTON, September 30, 1876.

TWENTY-FOURTH ANNUAL REPORT

OF

THE TRUSTEES

OF THE

STATE LUNATIC HOSPITAL,

AT

TAUNTON,

FOR THE YEAR ENDING SEPTEMBER 30, 1877.

BOSTON :

RAND, AVERY & CO., PRINTERS TO THE COMMONWEALTH,
117 FEDERAL STREET.

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Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

PURSUANT to the requirement of the statutes of the Commonwealth, the Trustees of the Taunton Lunatic Hospital submit this, their Twenty-Fourth Annual Report

The present condition of the hospital, and its operations for the year, will appear more fully in the report of the Superintendent, which is also transmitted.

An inspection of the tables accompanying that report, shows that the number of patients remaining in the hospital Sept. 30, 1876, was: males, 342; females, 350; total, 692. Admitted since: males, 261; females, 591; total, 552: making the grand total, 1,244 patients which were under treatment during the year.

There were discharged during the year, 177 males and 186 females; total, 363 persons; and 52 males and 53 females were removed by death. The discharges, including the deaths, were, accordingly, 229 males and 239 females, 468 in number; which, deducted from the grand total of 1,244 patients, left remaining in the hospital Sept. 30, 1877, 374 males and 402 females; making, in the aggregate, 776 patients.

The admissions for the year ending Sept. 30, 1877, have been 552. The admissions for the previous year were 583; showing a decrease of 31 persons for the present year. The

number under treatment last year was 1,185, and the number this year was 1,244; showing an increase of 59 patients.

Although the number of admissions has not been quite as large as in the previous year, never in the history of the hospital have there been so many patients under treatment at the same time. The maximum number was reached Sept. 28, 1877, when there were within the hospital 784 patients. And this, as every year's experience since the additions to the hospital were completed, has led us oftentimes to think how opportune it was for the Commonwealth, that our increased accommodations came when they did. With the long delay in the erection of the hospital at Danvers, and the protracted transformation at Worcester, the Commonwealth would have been poorly prepared to take care of the great influx of insane persons, had it not been for our extensions. As it is, we have been taxed constantly beyond our capacity. The institution, with its additions, was designed to accommodate 550 patients. Our daily average for the year has been 727.

Laboring under such a disadvantage, we hail with satisfaction the decrease in the number of admissions. A brighter day dawns. With the wave of returning business prosperity, of which we already have favorable signs, we confidently look for less mental disturbance, and a decrease, rather than a percentage increase, in the number of inmates in our insane asylums. This consideration, together with the prospective early occupancy of the new hospitals at Worcester and Danvers, it would seem should furnish all the relief at Taunton we could ask.

If, then, this hospital shall be treated and shall become, as we hope it may, the home for the insane of south-eastern Massachusetts, relieved of that great body of criminal and pauper insane which has been turned into it from Suffolk and Essex, we shall look for, and the public will have a right to expect, the best results attainable in such institutions.

In the crowded condition in which we have been, the wonder is, that the officers have been able to properly care for the patients, and treat them with any degree of success. And if, during this period, discharges of persons slightly improved have been made, which under other circumstances would not have been made, it has been done for the purpose

of making room for the pressing throng constantly knocking at our doors, who were in a still worse condition. We trust, therefore, if it shall be found upon a comparison of the tables of the last few years, with those of a corresponding number of previous years, that a greater percentage of simply "improved" have been discharged, that due consideration will be given to this fact, and that it will not be set down to the discredit of the hospital or its officers.

It is sad, indeed, to go through our crowded wards, and behold so large a number of human beings, human machines rather, with reason dethroned, — "in the image of their Maker," but how little "like a God." And as we do it, from ward to ward, from week to week, how gladly would we unlock these doors, and give the largest liberty to these unfortunate beings, were we not satisfied from our observation and experience, that such a step would be attended with the most direful consequences. We have the highest respect for the kindness of heart which prompts those philanthropists who feel that they are divinely appointed to point out the true mode of alleviating the insane, to say, "Throw off all restraint," "unlock your doors," and "let them go at large." Can it be that such persons ever ask themselves the question, "Why are these unfortunate ones here?" "Why are they sent here?" Is it not because *their friends*, who otherwise would be the last persons in the world to have them separated from them and sent to a hospital, have found from bitter experience that it is necessary they should be under restraint, and be more or less confined? Experience is the great teacher in this as in other matters. And experience, ample, varied, universal, points to no uncertain course in the care and treatment of the insane. That the patients should be enlarged on paroles, more or less limited, according to their mental condition, we agree. That they should be employed on such work as they are capable of doing profitably, we agree. And the Trustees of this hospital, regretting that it has not been in their power to employ more generally the throng they have had to care for, are unanimous in the purpose to give all the employment in their power to the convalescent and moderately insane patients, which it is practicable and safe to do. But to unbar the doors and allow the patients indiscrimi-

nately to run and roam, we are certain would be attended with consequences of which the Trustees ought only to be "acquitted by reason of insanity."

Subsequently to, but very soon after making our last report, owing to the unusual drought of the summer of 1876, it was discovered that our supply of drinking-water was inadequate and unreliable. And it was deemed best, although late in the season, to construct a large well, fifty feet in diameter, conveniently near the house, and yet so close to the river, which hitherto had furnished the water for laundry and bathing-room purposes, that in case the natural springs within the well failed to supply an adequate quantity of water, an inexhaustible supply could be conveyed by conduit from the river to a filter-gallery next the well, and thence into the well. The well was accordingly located and constructed; and, although necessarily built at an unfavorable season of the year, by the aid of such help from the house as could be made available, the cost was kept within reasonable limits. During all the fore part of the season, the well proved to be eminently successful, supplying all the water used in the hospital for bath, drinking, and laundry purposes; and the water is unusually pure, soft, and clear. In the latter part of the summer, however, the water in the well became so low, that, although it would probably not have failed us, yet, for greater security, it was thought best to carry out the original intention, and, by laying a pipe from the river, conduct its water, filtered, into the well; and that has recently been done.

For years it has been felt that the kitchen facilities of the hospital were not equal to the increased demand upon that department, and that the apparatus was inefficient, so that it did not do its work economically. This can well be understood, when we reflect that the room and the apparatus have remained substantially the same as originally provided, when 250 instead of 775 were to be fed. The Trustees, therefore, very cheerfully sanctioned the suggestions and efforts of the Superintendent to enlarge, remodel, and improve that vitally important portion of the institution; and we have now procured, at comparatively small expense, a light, commodious, and well-appointed kitchen, with apparatus of the most improved pattern, and which works to our entire satisfaction,

adequate to the supply of the wants of all the people the building can contain.

As will be seen by the report of the Superintendent, two serious, pressing wants are still felt.

Our laundry, which is an ill-adapted, small, wooden structure, partially decayed, needs to be enlarged, rebuilt, and improved. A more commodious building of brick should be erected; plain, but in keeping with the other buildings. We recommend, therefore, that authority be given by the next Legislature for this purpose.

The accommodations for help, which were always meagre, and, since our additions, have become entirely insufficient, should be increased. We recommend that the centre building, in which the help are mostly quartered, be extended. This would not only afford additional accommodations for the help, but give additional room in which to employ more patients at work. This extension is also needed to obstruct the view from one ward to another, and prevent the gaze from the male to the female sections. From the best information we have been able to get, in the absence of prepared plans, these two changes would require the expenditure of \$45,000, and we cheerfully recommend an appropriation of that sum, to be expended under the direction of the Trustees.

We have recently been called upon to part with our Superintendent. This is a loss not merely to us and to this institution, but to the Commonwealth and to the cause of science in this section, as it relates to the treatment of the insane. Dr. William W. Godding took charge of this institution as its Superintendent, May 1, 1870, coming from the Government Hospital for the Insane at Washington, in which, and also in the hospital at Concord, N.H., he had served a long apprenticeship as Assistant Superintendent. He now returns to the Government Hospital for the Insane, as its Superintendent. A man of culture, accurate in scholarship, a scientist, able to cope with the ablest in his specialty, a gentleman of uniformly equable temperament, always kind and considerate, Dr. Godding combines in a pre-eminent degree the qualities that go to make up a first-class curator of an insane asylum. His ability as a mechanic is fully attested by the various improvements and additions made to this insti-

tution during his administration His faithfulness to the trust reposed in him as Superintendent in charge of those improvements and additions, is shown by the marked and unprecedented economy with which they have been accomplished. His intercourse with the patients seemed always to be conducted in that spirit of brotherly love which can only be engendered by an omnipresent feeling that insanity is a condition to which all are liable, and that, simply, "We are not ourselves when nature, being oppressed, commands the mind to suffer with the body."

No person has as yet been appointed to succeed Dr. Godding as Superintendent, but the immediate charge of the hospital has been temporarily committed to Dr. William H. Gage, the very able, excellent, and efficient assistant under Dr. Godding, during the whole period of his superintendency. He is assisted by Dr. George L. Ellis, who, although he had resigned his position as assistant, principally on the ground of poor health, has very kindly consented to remain for a while, at least, and give Dr. Gage and the hospital the benefit of the valuable services which have marked his whole career in the position. Dr. Marcello Hutchinson was selected by the Trustees to succeed Dr. Ellis, and he, also, is now serving at the hospital, giving promise, from our short experience with him, of being "the right man in the right place."

Mr. John Kittredge, as Clerk and Treasurer, still holds the purse-strings with such care and exactness as to redound to the credit of the institution; and his services in this and in other respects are so valuable to the hospital, that we hope it may be many years before the Commonwealth is called upon to part with them.

The Trustees cheerfully bear testimony to the uniform faithfulness, in general, with which those employed in the various departments have performed their labors for the past year.

SIMEON BORDEN,
LE BARON RUSSELL,
C. R. ATWOOD,
GEO. HOWLAND, JUN.,
WM. C. LOVERING,

LIST OF PERSONS

Employed at the Taunton Lunatic Hospital, Sept. 30, 1877.

Superintendent and Physician	(per year)	\$2,500 00
Acting Superintendent and Physician	"	1,500 00
Assistant Physician	"	900 00
Assistant Physician	"	800 00
Treasurer and Clerk	"	1,200 00
Supervisor (male)	"	500 00
Supervisor (female)	"	400 00
Housekeeper	"	300 00
Seamstress	"	200 00
Engineer	(per month)	75 00
Baker	"	40 00
Assistant Baker	"	25 00
Assistant Supervisor (male)	"	30 00
Assistant Supervisor (female)	"	20 00
Assistant Supervisor (female)	"	18 00
Coachman	"	30 00
Gardener	"	30 00
Night watch (male)	"	30 00
Night watch (female)	"	18 00
Firemen (3)	"	25 00
Laborers (5)	"	25 00
Painter	"	25 00
Farm hand	"	35 00
Farm hands (2)	"	25 00
Attendants (male) (3)	"	25 00
Attendants (male) (18)	"	20 00
Attendants (female) (6)	"	16 00
Attendants (female) (15)	"	14 00
Assistant Seamstresses (2)	"	14 00
Laundress	(per week)	5 00
Laundress girls (7)	"	3 00
Cook	"	4 00
Kitchen girls (7)	"	3 00
House Attendants (2)	"	3 00
Stable Boy	(per month)	15 00

INVENTORY OF STOCK AND SUPPLIES

On hand Sept. 30, 1877.

Live-stock on the farm	\$3,600 00
Produce of the farm on hand	1,950 00
Carriages and agricultural implements	1,885 00
Machinery and mechanical fixtures	39,300 00
Beds and bedding	20,096 95
Other furniture	12,367 05
Furniture in the Superintendent's apartments.	1,800 00
Dry goods	1,775 00
Provisions and groceries	1,450 00
Fuel	4,000 00
Drugs and medicines	490 00
Library	500 00
	<hr/>
	\$89,214 00

TREASURER'S REPORT.

I respectfully submit the following Report of the finances of this institution for the year ending Sept. 30, 1877, to the Trustees:—

ASSETS.

134 acres of land, at \$200 per acre	\$26,800 00
Hospital building . . .	275,000 00
Brick barn and stable . . .	8,000 00
Other buildings and wall . . .	7,000 00
	<hr/> \$316,800 00

Personal Estate.

Stock and supplies on hand, as per inventory appended to the Trustees' Report	89,214 00
Reserve fund	11,000 00
	<hr/> \$417,014 00

RECEIPTS.

Cash on hand Sept. 30, 1876	\$1,561 06
Received from the State Treasurer	29,537 55
from towns	97,273 12
from individuals	14,517 74
from sales	301 27
	<hr/> \$143,190 74

PAYMENTS.

1st. Salaries, wages, and labor	\$28,215 16
2d. Provisions and supplies, viz.:—	
Meats of all kinds	\$11,440 41
Fish of all kinds	1,745 46
Fruit and vegetables,	3,753 37
	<hr/>
<i>Amounts carried forward.</i>	\$16,939 24 \$28,215 16

<i>Amounts brought forward</i>	.	.	\$16,939 24	\$28,215 19
Flour and bread	.	.	9,155 97	
Grain and meal for table	.	.	600 00	
Grain and meal for stock	.	.	908 36	
Tea, coffee, and broma	.	.	2,222 55	
Sugar and molasses	.	.	6,777 28	
Milk, butter, and cheese	.	.	10,802 35	
Salt and other groceries	.	.	4,721 31	
				<hr/>
				52,127 06
3d. Clothing	.	.	7,915 73	
4th. Fuel and lights	.	.	14,640 26	
5th. Medicines and medical supplies	.	.	2,062 51	
6th. Furniture, beds, and bedding	.	.	7,975 14	
7th. Transportation	.	.	920 11	
8th. Construction and repairs	.	.	23,332 54	
9th. Miscellaneous expenses	.	.	4,206 35	
				<hr/>
				\$141,694 87

LIABILITIES.

Salaries and wages due Oct. 1	.	.	.	\$3,697 80
Miscellaneous bills due	.	.	.	17,360 25
				<hr/>
				\$21,058 05

Due the institution for board, Oct. 1: —

From towns	.	.	.	\$29,144 15
State	.	.	.	7,866 60
individuals	.	.	.	3,662 02
Cash on hand Sept. 30, 1877	.	.	.	1,495 87
				<hr/>
				\$42,168 64

SUMMARY.

Total receipts	.	.	.	\$143,190 74
Total payments	.	.	.	141,694 87
				<hr/>
				\$1,495 87
Total liabilities	.	.	.	\$21,058 05
Total debts due the institution	.	.	.	40,672 77
				<hr/>
				\$19,614 72

Current expenditures	\$141,694 87
Dividing this sum by 727, the average number of patients, we have, as the annual cost of each patient	194 90
And the average weekly cost	3 75

JOHN KITTREDGE, *Treasurer.*

The undersigned have this day examined the foregoing account of the Treasurer, compared it with the vouchers, and find it correct.

GEO. HOWLAND, JUN.
WM. C. LOVERING.

Oct. 18, 1877.

SUPERINTENDENT'S REPORT.

To the Trustees of the Taunton Lunatic Hospital.

GENTLEMEN,—It again becomes my duty to submit for your consideration the statistical tables and report of the work of the now closing hospital year.

TABLE No. 1.

	Males.	Females.	Totals.
Number of patients remaining Sept. 30, 1876	342	350	692
Number of patients admitted since Sept. 30, 1876	261	291	552*
Number of patients under treatment during the year	603	641	1,244
Number of patients discharged during the year	177	186	363†
Number of patients deceased during the year	52—229	53—239	105—468
Number of patients remaining Sept. 30, 1877	374	402	776

* Five males, ten females, re-admitted within the year; one of the former twice.

† Including seven by elopement.

The average number under treatment was 727+.

TABLE No. 2.

Monthly Statement of Admissions, Discharges, and Deaths.

T I M E.	Admitted.	Discharged.	Died.
September	47	41	5
October	49	43	9
November	42	51	11
Autumn	—138	—135	— 25

TABLE No. 2. — Concluded.

T I M E.					Admitted.	Discharged.	Died.
December .	.	.	.	.	30	32	12
January .	.	.	.	.	46	24	9
February .	.	.	.	.	38	28	8
Winter	.	.	.	.	—114	— 84	— 29
March .	.	.	.	.	44	36	12
April .	.	.	.	.	41	64	8
May .	.	.	.	.	51	36	6
Spring	.	.	.	.	—136	—136	— 26
June .	.	.	.	.	62	28	7
July .	.	.	.	.	58	40	7
August .	.	.	.	.	44	45	11
Summer	.	.	.	.	—164	—113	— 25
Totals	.	.	.	.	552	468	105

TABLE No. 3.

Condition of those Discharged.

	1 8 7 7.			PREVIOUSLY.			Total in Twenty- four yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Recovered . .	51	75	126*	1,094	1,031	2,125	2,251
Improved . .	86	76	162	817	740	1,563	1,725
Unimproved . .	40	35	75	648	667	1,315	1,390
Died . . .	52	53	105	566	489	1,055	1,160
Totals . .	229	239	468	3,125	2,933	6,058	6,526

* Ratio of recoveries to discharges, including deaths, 26.92.

TABLE NO. 4.
Character of Insanity.

	1877.			PREVIOUSLY.			Total in Twenty- four yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Mania . . .	139	173	312	1,756	1,717	3,473	3,785
Melancholia . .	31	61	92	410	555	965	1057
Monomania . .	2	1	3	115	86	201	204
Dementia . . .	59	53	112	1,149	910	2,059	2,171
Congenital imbecility	1	—	1	13	14	27	28
Paresis (since 1870) .	27	2	29	65	7	72	101
Not insane . .	2	1	3	5	—	5	8
Totals . . .	261	291	552	3,513	3,289	6,802	7,354

TABLE NO. 5.
Duration of Disease before Admission.

	1877.			PREVIOUSLY.			Total in Twenty- four Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Less than 3 months .	62	91	153	1,312	1,336	2,648	2,801
Between 3 and 6 mos.	16	26	42	354	370	724	766
6 and 12 mos.	41	35	76	367	289	656	732
1 and 2 yrs.	37	38	75	433	363	796	871
2 and 3 yrs.	23	17	40	264	211	475	515
3 and 4 yrs.	14	26	40	136	138	274	314
4 and 5 yrs.	7	4	11	107	107	214	225
5 and 10 yrs.	39	33	72	297	276	573	645
10 and 20 yrs.	16	18	34	169	146	315	349
Over 20 years . .	6	3	9	74	53	127	136
Totals . . .	261	291	552	3,513	3,289	6,802	7,354

TABLE No. 6.

Duration of Insanity before Admission in those Discharged Recovered.

	1877.			PREVIOUSLY.			Total in Twenty- four Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Less than 3 months .	27	53	80	641	599	1,240	1,320
Between 3 and 6 mos.	6	14	20	100	109	209	229
6 and 12 mos.	5	4	9	62	66	128	137
1 and 2 yrs.	5	3	8	43	42	85	93
2 and 3 yrs.	3	—	3	30	21	51	54
Over 3 years . .	5	1	6	39	39	78	84
Totals . .	51	75	126	915	876	1,791	1,917

TABLE No. 7.

Causes of Death in those Deceased.

	1877.			PREVIOUSLY.			Total in Twenty- four Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Phthisic . . .	3	12	15	75	113	188	203
Maniacal exhaustion	3	3	6	75	87	162	168
Paresis . . .	13	4	17	105	16	121	138
Inanition . . .	—	9	9	43	51	94	103
Apoplexy . . .	4	3	7	57	33	90	97
Organic brain disease	15	10	25	53	33	86	111
Paralysis . . .	2	2	4	29	18	47	51
Diarrhoea . . .	1	1	2	20	26	46	48
Epilepsy . . .	3	—	3	26	13	39	42
Old age . . .	2	1	3	12	17	29	32
Fever . . .	—	—	—	14	5	19	19
Disease of heart .	3	3	6	8	11	19	25
Dysentery . . .	2	—	2	10	7	17	19
Suicide . . .	—	—	—	8	7	15	15

TABLE No. 7.—Concluded.

	1877.			PREVIOUSLY.			Total in Twenty- four Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Pneumonia . . .	—	2	2	5	9	14	16
Anæmia . . .	—	—	—	4	7	11	11
Erysipelas . . .	1	—	1	4	6	10	11
Disease of liver . .	—	—	—	4	3	7	7
Gangrene . . .	—	1	1	1	4	5	6
Congestion of lungs .	—	—	—	1	4	5	5
Cancer . . .	—	—	—	—	5	5	5
Cystitis . . .	—	—	—	2	1	3	3
Scrofula . . .	—	—	—	1	1	2	2
Chorea . . .	—	—	—	1	1	2	2
Gastritis . . .	—	—	—	1	1	2	2
Peritonitis . . .	—	—	—	1	1	2	2
Disease of kidneys .	—	—	—	—	2	2	2
Carbuncle . . .	—	—	—	1	—	1	1
Burns . . .	—	—	—	—	1	1	1
Measles . . .	—	—	—	1	—	1	1
Variola . . .	—	—	—	1	—	1	1
Injury . . .	—	—	—	1	—	1	1
Strangulation by food	—	—	—	1	—	1	1
Necrosis . . .	—	—	—	1	—	1	1
Abscess . . .	—	2	2	1	—	1	3
Rheumatism . . .	—	—	—	1	—	1	1
Strangulated hernia .	—	—	—	—	1	1	1
Pyæmia . . .	—	—	—	1	—	1	1
Diphtheria . . .	—	—	—	—	1	1	1
Accidental drowning	—	—	—	—	1	1	1
Totals . . .	52	53	105	569	486	1,055	1,160

TABLE No. 8.
Age of Patients Admitted.

	1877.			PREVIOUSLY.			Total in Twenty- four Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Between 5 and 10 yrs.	—	—	—	2	2	4	4
10 and 15 yrs.	1	—	1	18	18	36	37
15 and 20 yrs.	13	8	21	209	191	400	421
20 and 25 yrs.	36	25	61	423	437	860	921
25 and 30 yrs.	22	40	62	512	508	1,020	1,082
30 and 35 yrs.	38	47	85	477	479	956	1,041
35 and 40 yrs.	31	40	71	484	425	909	980
40 and 45 yrs.	33	30	63	378	348	726	789
45 and 50 yrs.	25	25	50	301	274	575	625
50 and 55 yrs.	18	23	41	242	199	441	482
55 and 60 yrs.	15	15	30	154	118	272	302
60 and 65 yrs.	10	11	21	138	111	249	270
65 and 70 yrs.	5	6	11	79	63	142	153
70 and 75 yrs.	6	10	16	48	49	97	113
75 and 80 yrs.	6	6	12	32	36	68	80
80 and 85 yrs.	1	2	3	15	21	36	39
Over 85 years . .	1	3	4	1	10	11	15
Totals . .	261	291	552	3,513	3,289	6,802	7,354

TABLE No. 9.
Occupation of Male Patients Admitted.

Laborers	972	Traders	183
Farmers and gardeners	367	Engravers	7
Seafaring men	346	Engineers	7
Mill operatives	145	Barbers	20
Workers in iron	205	Gauger	1
" in silver and gold	30	Weigher	1
" in tin, copper, and		Police and watchmen	8
lead	21	Hotel and saloon keepers	26
" in leather	266	Porters and waiters	52
" in wood	213	Clerks	126
" in brick and stone	97	Dentists	4
" in glass	4	Clergymen	25
Hat and bonnet makers	11	Physicians	21
Cigar-makers	18	Lawyers	12
Painters	73	Editors	2
Tailors	46	Soldiers	30
Butchers	19	Artists	5
Bakers and cooks	22	Actors and Musicians	12
Printers	26	In School	73
Brewer	1	No Occupation	159
Paper-hanger	1	Unknown s	42
Book-binder	1		
Drivers, teamsters, and ostlers	74	Total	3,774

TABLE No. 10.
Civil Condition of all Persons Admitted.

	1877.			PREVIOUSLY.			Total in Twenty- four Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Married	103	126	229	1,495	1,341	2,836	3,065
Single	147	104	251	1,818	1,436	3,254	3,505
Widowed or divorced	6	60	66	172	502	674	740
Unknown	5	1	6	28	10	38	44
Totals	261	291	552	3,513	3,289	6,802	7,354

TABLE No. 11.

Nativity of all Persons Admitted.

	1877.			PREVIOUSLY.			Total in Twenty- four Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
United States . .	147	135	282	1,906	1,504	3,410	3,692
Ireland . . .	76	104	180	1,097	1,452	2,549	2,729
England . . .	10	11	21	131	95	226	247
British Provinces .	9	26	35	103	118	221	256
Germany . . .	2	3	5	126	62	198	203
Scotland . . .	2	3	5	27	21	48	53
Portugal . . .	—	—	—	22	7	29	29
Italy . . .	—	—	—	18	3	21	21
Sweden . . .	—	1	1	6	14	20	21
France . . .	1	1	2	15	3	18	20
Denmark . . .	—	—	—	9	2	11	11
West Indies . .	1	—	1	9	1	10	11
Spain . . .	—	1	1	8	1	9	10
Switzerland . .	1	—	1	4	1	5	6
Holland . . .	—	—	—	5	—	5	5
Asia . . .	—	—	—	4	—	4	4
Russia . . .	1	1	2	2	1	3	5
Wales . . .	—	—	—	1	1	2	2
Africa . . .	1	—	1	1	1	2	3
Turkey . . .	1	—	1	1	—	1	2
Sandwich Islands .	1	—	1	—	—	—	1
Western Islands .	—	2	2	—	—	—	2
Brazil . . .	1	—	1	—	—	—	1
Unknown . . .	7	3	10	8	2	10	20
Totals . . .	261	291	552	3,513	3,289	6,802	7,354

TABLE NO. 12.

Assigned Causes of Insanity.

	1877.			PREVIOUSLY.			Total in Twenty- four Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Intemperance . .	28	18	46	717	220	937	983
Ill-health . . .	7	45	52	199	653	852	904
Masturbation . .	22	1	23	323	21	344	367
Domestic trouble .	1	17	18	73	201	274	292
Religious excitement	5	9	14	114	119	233	247
Epilepsy . . .	15	7	22	160	103	263	285
Puerperal . . .	—	24	24	—	230	230	254
Injury	6	3	9	121	33	154	163
Pecuniary trouble .	12	3	15	128	19	147	162
Loss of friends . .	1	6	7	33	104	137	144
Brain disease . .	23	11	34	121	42	163	197
Disappointment . .	1	4	5	32	92	124	129
Hard work . . .	1	6	7	59	52	111	118
Sunstroke . . .	9	—	9	81	6	87	96
Old age	5	16	21	26	46	72	93
Congenital . . .	2	—	2	17	28	45	47
Fright	—	6	6	12	25	37	43
Hard study . . .	2	2	4	30	7	37	41
Use of narcotics .	1	4	5	17	12	29	34
Want of employment	8	2	10	20	5	25	35
Ill-treatment . .	—	2	2	2	18	20	22
Jealousy	—	1	1	12	9	21	22
Seduction	—	1	1	—	18	18	19
Home-sickness . .	—	—	—	3	12	15	15
Exposure	1	—	1	13	2	15	16
Venereal	1	—	1	5	5	10	11
Excitement . . .	—	—	—	6	1	7	7
Healing of ulcer .	—	—	—	1	2	3	3
Light reading . .	—	—	—	—	2	2	2
Bad education . .	—	—	—	1	1	2	2
Obsession	—	—	—	1	—	1	1
Imprisonment . .	1	—	1	1	—	1	2
Unknown	109	103	212	1,185	1,201	2,386	2,598
Totals	261	291	552	3,513	3,289	6,802	7,354

TABLE No. 13.

Age at which Insanity appeared.

	1877.			PREVIOUSLY.			Total in Twenty- four Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Under 5 years . .	4	—	4	41	26	67	71
Between 5 and 10 yrs.	—	—	—	22	24	46	46
10 and 15 yrs.	4	4	8	60	47	107	115
15 and 20 yrs.	15	16	31	302	270	572	608
20 and 25 yrs.	46	31	77	495	497	992	1,069
25 and 30 yrs.	22	51	73	517	586	1,103	1,176
30 and 35 yrs.	40	45	85	500	454	954	1,039
35 and 40 yrs.	31	32	63	444	407	851	914
40 and 45 yrs.	23	28	51	327	291	618	669
45 and 50 yrs.	26	33	59	260	233	493	552
50 and 55 yrs.	14	10	24	178	134	312	336
55 and 60 yrs.	11	14	25	144	105	249	274
60 and 65 yrs.	8	7	15	98	74	172	187
65 and 70 yrs.	6	10	16	64	54	118	134
70 and 75 yrs.	4	5	9	31	29	60	69
75 and 80 yrs.	1	2	3	17	27	44	47
Over 80 years . .	1	3	4	3	14	17	21
Unknown . . .	5	—	5	10	17	27	32
Totals . .	261	291	552	3,513	3,289	6,802	7,354

TABLE NO. 14.
Last Residence of Patients.

	1877.			PREVIOUSLY.			Total in Twenty- four Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
Suffolk County . .	168	182	350	1,701	1,769	3,470	3,820
Bristol County . .	38	49	87	619	493	1,112	1,199
Norfolk County . .	25	15	40	438	318	756	796
Plymouth County . .	13	25	38	254	226	480	518
Essex County . .	6	7	13	106	143	249	262
Middlesex County . .	8	5	13	134	117	251	264
Barnstable County . .	2	5	7	88	67	155	162
Dukes County . .	—	2	2	32	16	48	50
Nantucket County . .	1	1	2	18	8	26	28
Worcester County . .	—	—	—	3	6	9	9
Franklin County . .	—	—	—	2	2	4	4
Worcester Hospital . .	—	—	—	110	109	219	219
Other States . .	—	—	—	8	15	23	23
Totals . .	261	291	552	3,513	3,289	6,802	7,354

TABLE NO; 15.
By whom Supported when Admitted.

	1877.			PREVIOUSLY.			Total in Twenty- four Yrs.
	Males.	Females.	Total.	Males.	Females.	Total.	
By State	148	146	294	2,114	2,094	4,208	4,502
Towns	111	142	253	989	758	1,747	2,000
Individuals . .	2	3	5	410	437	847	852
Totals	261	291	552	3,513	3,289	6,802	7,354

TABLE NO. 16.

Previous Hospital Residence.

	1877.			1876.			Total in Two Years.
	Males.	Females.	Total.	Males.	Females.	Total.	
First residence, as far as known, in any hospital. . . .	181	204	385	209	201	410	795
Previous residence in this hospital . . .	62	71†	133*	62	60	122	255
Previous residence in other Mass. hospi- tals	13	15	28	12	20	32	60
Previous residence in other hospitals out of State	5	1	6	11	8	19	25
Totals	261	291	552	294	289	583	1,135

* Of this number 6 have been in other hospitals in this State.

† Of this number 2 have been in hospital in another State.

The tables call for little special comment. The number of admissions has fallen somewhat below that of the previous year, but is still considerably more than that of any other, while the whole number under treatment is greater than ever recorded in any New England hospital for the insane; and, in view of the necessary crowding, confusion, and anxiety incident thereto, may we not hope larger than any future year will ever bring?

We close the year with a population of 776 in a building whose full capacity is 550. Comment is unnecessary. Viewed numerically, we must consider this year the crown of the overcrowded epoch, the average number for the year having been 727.

Our mortality, amounting to 105, though large, shows about the same per cent on the whole number under treatment as the previous year, while on the average number in the house it is considerably less. Overcrowding shows at last in the per cent. of phthisis, which has risen from an aver-

age of less than seven per cent. of the whole mortality of the first four years of the present decade, to an average of fourteen per cent. for the last two years. It is true that this, as well as the whole mortality, has been increased by a number of this class remaining to die, who, in more prosperous business times, would have been taken home to spend their last days with their friends.

During the later summer, several cases of dysentery occurred, rather an unusual thing, and the only epidemic disease that has appeared here for several years. Two of these cases terminated fatally. With the departure of the excessively damp and close atmosphere that characterized the dog-days of this year, the disease has entirely disappeared.

The history of our acute disease, this year, affords two illustrations of an important fact, not generally known to the community at large, and not well enough understood by any one to define its limitations. One severe case of dysentery occurred in a young man who had been nearly two years in the hospital, and for the two years previous to admission had been insane. He had here gradually grown demented, and for a year past had manifested no interest in any thing, and had hardly spoken. No effort to rouse his mind, or arrest his attention, seemed of any avail. There was no encouragement to be given, for the downward steps of dementia are essentially insuperable. In this condition there is little power to withstand the inroads of acute disease; and as he sank, the friends were summoned, and were consoled by finding he could converse with them. Contrary to expectation, he lived, and the activity of mind brought back to life remained. He talked with considerable readiness, wrote connected letters, when he had not for years written any thing at all, and was taken home by his friends, not mentally well, but with a considerable degree of intelligence restored after the intellect was apparently almost a blank. The other was the case of a lady, who, for more than three years had suffered from insanity that followed a fit of sickness: the form was chronic mania, with somewhat extravagant manifestations that were in a measure hysterical, but the substratum of insanity was so firm and of such long continuance, that I had but little hope of any permanent improvement. She remained in the hospital for about two months, with only very slight improve-

ment, when she was stricken down with rheumatic fever, with pericarditis. For days her life hung doubtful in the balance, and when the crisis had passed the mind was found clear. The insanity never returned; and after remaining some weeks under observation, she went to her friends apparently well. Similar cases have come under my notice elsewhere, one perhaps even more marked than either of the above; a man in confirmed dementia, steadily going down in mind and body, who had become nearly helpless as well as hopeless, when an attack of confluent small-pox, barely survived, sent him to his friends comparatively sound in mind and body. On the other hand, it has fallen to my lot to see among the insane, sad cases, where death came so near that the shadow rested on their faces; and when it had passed by, the mind was dead or atrophied, but the body lived on. The results we see, the causes we do not know. Yet, as in the light of these isolated cases, where out of sickness the mind has seemingly been born again, I look around me on such aggregations of bodies wanting souls, with the prophet in the valley of vision, I ask myself the question, "Can these dry bones live?" and though we have no healing touch, hold no divining-rod, I comfort myself with the hope, that, beyond the twilight limits of our horizon, the master-mind will yet arise, with power to discriminate those fortunate, curable cases, and dare to evoke the acute disease, that, wrestling mightily with the demon, shall prevail.

The year has not been without its full labors in all departments. We have gone on, so far as our means would admit, with the projected changes in the old buildings. In each of the wards next the centre building, a room adjoining the attendants has been specially fitted up with basin and closet for the care of the sick inmates. This has already proved a great comfort and convenience. The kitchen, which, sufficient in its day for 350 patients and their attendants, had become entirely inadequate for the 900 persons now dependent on it, has been almost entirely renewed. By removing a central partition-wall, ample area has been secured, and also the advantage of the direct light from the outer windows of both sides of the building, giving at the same time a cool air blowing through, with free ventilation during the warm season.

New roasters, steamers, and jacketed kettles, tea and coffee boilers, sick-diet kitchen, so called, — being a set of small steam-jacketed copper kettles, set in soapstone, — and a new range, all from the establishment of E. Whiteley of Boston, Mass., have been introduced. These, together with a new boiler for generating steam for cooking purposes, one of E. H. Ashcroft's, of Boston, Mass., are now in place, and doing duty in an entirely satisfactory manner. The old smoke-stack in the centre of the kitchen, whose flue, six feet in diameter, originally designed to act as a ventilator for the entire building, but failing of that had proved a perfect *Æolus's* cave for all the winds of heaven, drawing any way but the right one, has been taken down, and a flue of more moderate dimensions built somewhat further to the rear of the kitchen, which, with half the pretension, and taking up not one-quarter of the room, does twice the work of the old one. The culinary department is now very complete; and, without boasting, we have reason to be satisfied with our kitchen.

The water for the hospital has hitherto been pumped mainly from the adjacent pond of Mill River; besides this, there has been a limited supply of good drinking-water from the well near the house. During the very dry summers of the three years preceding the present, the well had gradually failed, until, in the fall of 1876, it became an anxious question whether we should not be left altogether without a supply of drinking-water. Accordingly, last November, though late in the season, it was decided to sink a large well convenient to our steam-pumps, that would have a reservoir-capacity sufficient to furnish water for all the uses of the establishment. As not less than 50,000 gallons were considered necessary for daily consumption, a diameter of fifty feet was decided upon, and in event of the natural springs not being equal to the demand, to flood the adjacent gravel-beds by cutting a channel from the river, thus supplementing the natural supply with pure sand-and-gravel-filtered water from the pond. The inclemency of the weather, and the unyielding nature of the soil encountered, rendered the digging a matter of considerable difficulty; but it was at last carried, at a diameter of fifty feet, to the depth of twenty-six feet, or nine feet below the level of the pond. A number of valua-

ble springs were struck at this level, which were estimated to supply over 20,000 gallons daily. Before going to the river it was decided to endeavor to pierce the blue clay that formed the bottom of the reservoir, with an inner well fifteen feet in diameter. At a depth of seven feet, the clay was found to terminate in a bed of clear sand and gravel, from which a pure soft water boiled up, supplying at that level more than the 50,000 gallons required. This rose to the bottom of the reservoir-well, with still sufficient volume at that time to meet all requirements, but, during the later summer, some deficiency in the spring becoming apparent, steps have been taken to flood the gravel banks as originally contemplated. This supply will be arranged with a gate, so that it can be used only in the event of the spring's failing to furnish the requisite amount; for, although the water will filter perfectly clear, it will probably be some degrees warmer than the supply from the bottom of the well. Thus reinforced, there is no reason to doubt but our well, with a reservoir-capacity, below the level of the surface of the pond, of nearly three days' supply, will prove unfailing. The advantage of a pure, soft drinking-water flowing freely through every part of the house can hardly be over-estimated. The well has been neatly covered with a strongly framed roof, with a supporting truss, and so protected that no dust or dirt can enter it. I consider the water-supply as settled; and I hope it may stand, like the patriarch's well, as our contribution to future generations who shall come hither to draw and drink, and, thirsting, drink again.

We are still looking with longing eyes for the opening of the new hospitals at Worcester and Danvers, to usher in a better era for our own. Standing in the vortex, and having seen the number steadily rise from 382 remaining Sept. 30, 1870, to 776 remaining Sept. 30, 1877, we may be excused in being jubilant at the prospect of relief. We have transferred many of the quiet, confirmed cases to Tewksbury and the town almshouses, their places here being at once filled with the noisy and violent. We have built additions almost equal in extent to a new hospital; we have availed ourselves of every avenue of relief; and still the number has steadily increased; and as the tide rose we have risen to meet it, doing in our crowded wards what we could to care for and

to cure. I believe our labor has not been in vain. It has been for the social scientist to carp at the situation; it has been for us to meet it. If Danvers has cost too much, we are sorry for it; but we are glad it is so nearly done, at any cost. When the great tide from Boston begins to set that way, we shall have rest for a season, a rest that we very much need.

It is wonderful that Massachusetts, whose Great and General Court has each winter been besieged by so many elderly women of both sexes having a mission, has been able to maintain so uniformly good a policy in regard to her insane; the sober second thought has generally saved her from absurdities. With the able commission this year appointed to revise her charities and corrections, it is to be hoped the matter will be allowed to rest, and some basis of the care and management of the insane agreed upon, not subject to the upheavals of annual legislation. Let us have a distinct policy, and abide by it. The isms of mere theorists should have no place in science. In regard to one class of the insane, about which there has been much anxiety and some controversy, the policy of Massachusetts seems to be settled, and substantially correct. The new state prison at Concord, rapidly approaching completion, with its special provision for the convict insane, and that which, by the Law of 1874, Chapter 370, is provided at Worcester and Danvers for the homicidal class, who, by reason of insanity, have been acquitted, or have not been brought to trial, will relieve our hospital of an element that has always been a blot, and that more than any other has rendered bolts and bars necessary, to the extent of giving a prison-like aspect to all our wards. Massachusetts has reason to congratulate herself on her position in the matter of the so-called criminal insane. Can we say as much in regard to the chronic insane? It seems to me almost axiomatic, that the most humane and enlightened care is the best for the chronic no less than the recent insane. As a matter of State policy, should we be satisfied with any thing short of this? In 1866, Massachusetts opened a receptacle for the chronic harmless insane at the Tewksbury Almshouse. It was heralded as the dawn of a new era in the management of the insane, and great hopes were expressed by the Board of State Charities and others

that we were about to demonstrate how much better and cheaper the incurable harmless insane could be cared for by themselves. To the social scientists of that day the great burden of insanity on the community seemed trifling. Illumined as it is by the light of this new hope, I know of no pleasanter reading for a summer afternoon now, than the almost forgotten literature of the Board of State Charities in their Sixth and Seventh Annual Reports. There were to be no more State hospitals for the insane in Massachusetts; perhaps two of those already existing could be dispensed with; certainly there should be no enlargements except at Tewksbury; this was to become the model farm asylum, where all the inmates would engage in agricultural pursuits, and in imitation of which numerous smaller farm asylums would spring up all over the State. These farms were to be nearly, if not quite, self-supporting. Singularly enough, no opposition seems to have been anticipated from the farming population of the State on the ground that they would be "ruined by lunatic cheap labor." Apparently in pity for Boston, at that time contemplating the building of a new hospital for her insane, we find in the Seventh Annual Report of the Board of State Charities, under the head of Farm Asylums, this suggestion: "The State could keep all the pauper lunatics properly belonging to Boston for less than the interest of the capital which it is proposed to invest in a new hospital; and save to the city the cost of maintaining a palatial establishment." The State has since "done it" at Danvers. In the writing of that day, Gheel is painted like Arcadia, and the establishment at Clermont paralleled only by the happy valley of Rasselas. To-day I do not understand that any one claims that the harmless incurables are any better cared for at Tewksbury than in the State hospitals; and I think it will be generally admitted, by those who are in a position to know the facts, that the hospitals themselves are rendered more noisy and less desirable for the treatment of acute cases by the withdrawal of this quiet class. The cost for the separate maintenance of the quiet and harmless class is of course something less than that of the same number from all classes; but I think it demonstrable that the expense of those remaining after the quiet ones have been removed is proportionally so much increased, that

if the hospitals were not crowded beyond their normal capacity they could not be made self-supporting at the present rates without material reduction in the expenditures hitherto deemed necessary for the comfort and best care of their inmates; and the Old Bay State, at an expense of \$3.50 per week for each patient, against an average expenditure of about \$4 per week by the rest of the New England States, can hardly be accused of providing too sumptuously for her insane. All the changes and improvements that have lately been made at Tewksbury have been in the direction of making it less a mere receptacle, and more like the hospitals for the insane. With its present able medical staff, the time is propitious for Massachusetts to correct her mistake, to change her policy towards her chronic insane. These gentlemen are abundantly able to take charge of an institution that shall have for its object the cure no less than the care of the insane. Massachusetts will soon maintain four large hospitals for the towns and citizens of the Commonwealth. Each will be ample for the insane of its own section for a considerable time to come, so only there is made at Tewksbury one distinctively State hospital for those who are, properly speaking, State patients. The mixed character of their population is the worst feature of our hospitals for the insane. The foreign element is so large that it gives a distinctive character to many of the wards. Bridget and Patrick are kind-hearted, and by no means the worst patients; but, accustomed to their own language, their own religion, their own ways, they do not much enjoy the habits and customs of the native Yankee, and prefer the society of their own. The native New Englander entirely reciprocates the feeling, and finds that the universal brotherhood of man includes altogether too many cousins. Why should we not frankly admit this, and arrange our hospitals accordingly? If our settlement laws had not been so often altered to relieve the State at the expense of the towns, the establishment of a State hospital as distinct from those for town and private cases would solve the whole problem; as it is, it would at once reduce what is now in many respects a controlling element in our hospitals to a very subordinate one, and enable us to show at Tewksbury how well Massachusetts can care for the children of her adoption, with a really

model institution, where all the modern ideas of detached buildings, unbarred windows, self-supporting or partially self-supporting industries for the insane, could have a full trial, unfettered by conventional piles of brick or old-time usage. Both classes would be gainers by such division. In the faith that this will yet be an accomplished fact, I wait, well assured that when our hospitals are relieved of their present burden of foreigners, they will rise to take their proper rank among the foremost in the land.

But all this is in one sense foreign to our work; and while I hold it but proper that we whose position enables us to realize most sensibly the needs, should state frankly what we think the State policy should be, I remember that the shaping of that policy is confided to other hands, and that the home question for us is, What account can we render of our stewardship here in South-eastern Massachusetts? It has been a rapidly growing trust that has been placed in our hands, and I had thought here to glance rapidly over what we have done in advancing the material interests and appliances of our hospital during the present decade; but what is accomplished is safe; next year, the twenty-fifth from the appointment of the first Board of Trustees, will be soon enough for retrospect. I prefer to spend the little space that remains to me in looking forward, in considering the attainments hoped for in the future; for, to be sensible of our needs is more in keeping with the responsibilities of our stewardship, than to boast of the advantages enjoyed. First and foremost, we need a new laundry. The old laundry, a wooden building that answered a very good purpose for the wants of 350 inmates, is entirely too small for its present uses. The building itself is old and somewhat decayed, and not in keeping with its surroundings. It should be replaced by a somewhat larger brick structure, of fitting architecture, and furnished with the best modern appliances for its purpose. A second story should afford ample lodging-rooms for the help employed in that department, who are now scattered about wherever they can be stowed. Very few people realize how much the comfort of a hospital depends upon having a well appointed, well conducted laundry. To attain any thing like regularity of service in this department, where so much daily washing is required, every facility in the way

of machinery and ample room should be afforded; in the latter respect we are lamentably deficient. Most of the machinery is in good order and could be used in refitting; but a second set of washing-machines and a steam mangle would be needed, and an ample drying-room should be provided. The expense of a new building, and putting the laundry department in complete equipment, would be comparatively trifling, and I have no question but the Legislature needs only to be acquainted with our situation, to make the appropriation. An examination of the appropriations of former years will show that we have not asked extravagantly, nor have we asked any thing until it was self-evident that we needed it. In this connection I wish to call your attention to the proposed and much needed extension of the rear centre building, bringing it back about sixty feet, to the rear line of the other buildings, and at the same time throwing out a gable projection on either side, at once improving the architectural effect and affording the necessary room in a compact form. This was contemplated when the additional wings were built, as, while the accommodations for patients were increased nearly one-half, no increased provision was made for the domestic department. The proposed extension of the rear centre will complete the separation of the male from the female department, and entirely remove the one from the gaze of the other. The extension is needed to provide in the cellar a suitable storage for vegetables convenient to the kitchen, the present basement being rendered unsuitable by the passage of the steam-pipes necessary for heating the building. The soil is a dry sand, admirably adapted for the purpose, and it would be desirable to make the vaults, even if no superstructure was called for; but we need room on the first floor more urgently even than the cellars. Our present storeroom, at the rear of the bakery, is a mere apology for one, for want of room. Our bread-room is small, our little milk and butter room, admirable in its way, is so small that one can just turn round in it. Our flour, groceries, and other stores are scattered from basement to attic, wherever a closet can be found. In an establishment of this magnitude, it is of the first importance, on every account, to bring all these things together in one section, and to make regular and systematic issues of them under the

charge of one competent person. The first story of the proposed extension will afford the needed rooms for this, with ample storage for all those bulky articles, as flour, sugar, beans, &c., that it is often advisable to buy in large quantities, taking advantage of the market. In the single item of flour, of which we consume twenty barrels per week, it would often be possible, by the judicious purchase and storage of a large quantity at one time, to save a sufficient sum to finish off this floor of the extension. The want of the second story is some pleasant quarters for the employment of patients in branches of industry other than sewing, the only one now pursued in this section of the building. Also some provision should be made in connection with, or, if preferred, distinct from the present sewing-room for storing of dry goods, articles of clothing manufactured or purchased for the house. In the third story, the long needed rooms for help should be provided, with a solid brick partition dividing from the rooms in the old third story centre, thus making distinct provision for both sexes in the rear building. At present we are often embarrassed in employing help for want of a proper place to lodge them; this is an inconvenience that has long been sorely felt, and would be entirely remedied by the ample quarters that the needed buildings would afford. We should, in erecting this addition, avail ourselves of the opportunity to provide a more elevated room for our tanks, not alone to protect against all danger from leakage or overflow, but to carry them to a sufficient height to make sure of a sufficient pressure in the third story, as at present it is too light to give a constant flow when the pipes are open below; and this, in the case of the hot water where the circuit is long, is the cause of considerable inconvenience. Plans and estimates for such a building could easily be prepared and submitted, and I doubt not would meet with ready approval. I regard the erection of such extension purely a question of time; and, being for the best interests of the hospital and its inmates, the shorter that time the better.

These seem to me the only wants in the immediate future requiring special appropriation. Briefer mention must suffice for those minor needs that hitherto we have been able to meet out of the current expenditures; and yet those already accomplished have added so much to the comfort of

our household, that I know you will indulge me in this direction one moment more. Passing, as unnecessary to mention, those changes that are now in process of completion, let me not fail to call attention to the fact that our front wards on either hand of the centre building were built without verandas, and that the passage to our proposed piazza still terminates in a *cul de sac* of brick-walls, which I hope the soft airs of the next spring-time will penetrate, and a door be left ajar, through which the occupants of those wards may step out at will into the open air and sunshine of that southern exposure. In building we have retained the good old fashion of verandas; and this, once opened, I do not fear that any hand will close it. We shall not be satisfied till we have introduced our elevators on either side of the rotunda, whereby the clothing from the laundry can be quietly sent from the basement to the sorting rooms, and trunks to and from the trunk rooms, and all other transfers noiselessly made. A little matter, but comfort or discomfort depends so much on little things. And one of these minor discomforts is giving up our sewing-room once a week for visitors; but we shall remedy this when, out of the superfluous room in our long dining-rooms, we have arranged six cosy little visiting parlors adjacent to the centre building. I do not speak of the changes we shall make in the front wards when the crowd that now throngs them is gone, because it will be soon enough to think of that when we know that they are gone. But we need not wait for this to improve our main entrance, where a ground-glass partition will enable us to place on the one side a suitable vestibule, that would bear a little fresco, and an ornamental tile pavement. On the other side it would afford, as an addition to our rather limited space in the centre building, a convenient general reception room, and this also could bear a frescoed ceiling without detriment. Of course there would be some passing through, but it need not be the general thoroughfare that it is at present. This room would be partially lighted from the central dome; and it would be best, by removing the present partition, and extending the fresco, to include the rotunda and central staircase in this general reception-room. I approach this subject of the central staircase with "bowed head," — as indeed I generally do when I pass under it. In my report for 1874, I

spoke of the new dome as dispelling the central darkness, and the stairs as likely to soon follow the darkness. I certainly supposed I was telling the truth. The plans and drawings were all completed for a beautiful central rotunda and graceful flights of stairs on either hand. But I had not fully estimated the magnitude of the changes we had undertaken in the wards, and having completed the inner dome, bringing the light down to the third story, the change in the central building rested for the time, and the darkness intrenched itself behind the stairs. When we were again in a position to resume operations, the changes in the kitchen seemed to be of the first importance; and I think the decision was right: first of all the comfort of the patients; but, that secured, we ought to remember that the æsthetic element is a very important one in the treatment of diseased minds, and that the first impression made upon patients and their friends on entering the building should be a pleasant one. I am sure there is no one change of the same magnitude, that we can make, that will show so much as this, and we shall reach it soon. I cannot think of those stairs hanging there, —

“Like wishes unfulfilled forever,” —

through all the coming years.

The room that has been used for Sunday services and evening exercises has been found rather contracted for our large household, and will require extension. Formerly, the position of the smoke-stack prevented any enlargement, but the removal of that renders it possible to carry the entire north wall several feet back; or, what seems to me better, considering the various uses made of the room, to introduce, in place of the present desk, an elevated platform or stage, which, with an ellipsoid projection of some five feet into the room, and a front of say twenty-five feet, could be carried back twelve feet beyond the present wall, which would give a total depth of seventeen feet. This would be a better platform than the present for the lecturer and the preacher, and, with suitable adjoining rooms and side entrances, would be found very useful in giving variety to the evening entertainments, which have hitherto formed so prominent a feature in the management and care

of the insane in our hospital. This would give space for two more rows of settees in the room, or additional seats for forty persons. Our present comfortable sitting is for something more than two hundred persons; and unless you make attendance compulsory, which is all wrong, two hundred to two hundred and fifty is as many as will attend on ordinary exercises. For extraordinary occasions there is still room to place seats for from seventy-five to one hundred persons. All the changes that have lately been going on in the story below have been made so as not to conflict or interfere with the erection of such a structure above.

Another need of the hospital, is a convenient storehouse for lumber, which it is good economy to buy by the car-load. The restoration of the bowling-alley, which has become necessary to save the building, will provide for this in the loft above, or such room might well be obtained by raising the coal-shed.

But it is time to get out of the house into the woods and fields. For the out-door life of the insane, which, more and more impresses me with its importance, our lines have indeed "fallen in pleasant places." There are trees still to be set in our airing-courts,—I do not forget the rustic bridge thrown over the road that was to add the oak grove to the female enclosures, the shrubbery and flower-beds that I promised to have blooming in the little side spaces, the greensward that should be growing around the boiler-house and in the rear openings, still too much encumbered with the *débris* of tearing out and building anew,—only this life of ours is so short of time. But we have done something in the way of gardens and cultured fields and planted trees. More or less seats have been placed, vistas opened by the judicious cutting away of unsightly trees, and the way along the river-bank and the cool shaded paths through these summer woods, are simply beautiful. We have a profusion of some of the most beautiful wild flowers in their season, that are gathered by our inmates, and more or less cultivated ones, also freely gathered; we should plant more. And let me hint here our want of a greenhouse—it has been a dream of mine through all these years—to bring forward the early spring products, and in winter the cut flowers, with their kindly offices for the tables, the sick-chamber,

and the numbers of little-rooms, that are in a certain sense homes, to many the only homes they will ever know,—a dream of which I hope you may see the fulfilment; but to me, in the midst of all these plans, through these green leaves that whisper of repose, out of this soft, cloud-flecked sky of summer, that tempts me to dream still, comes the call to “arise and depart, for this is not your rest.” Not disobedient to the summons, I leave to other hands the completion of all this work of love that we have planned together, with such changes as further study and the progress of years towards a yet wider philanthropy may suggest. Of one thing I am sure; that in your hands, the old hospital will take no step backward. In our day, we have saved it from being made a receptacle: I shall look to see it proudly take its place in the coming time.

“My Saul, than thy brethren higher and fairer,
Let me behold thee in future years.”

“The Buffalo Medical and Surgical Journal,” “The Old-Colony Memorial,” “The Gospel Banner,” and “The Salem Observer,” have been regularly sent us by their editors, who will accept our thanks. We are also indebted to S. O. Dunbar and Messrs Hanson and Sproat of this city, Mrs. Lang of Brockton, and William F. Freeman of Boston, for papers and periodicals for our inmates. To Mrs. Thurston of West Newton, we are especially indebted, for taking great pains in preserving and forwarding for the use of the hospital, nearly complete files of the magazines and papers taken by their book club. These are all very acceptable, and some being put in binding, become a permanent addition to our well-worn library. To the Bristol County Agricultural Society we are under obligations for the usual courtesies at fair-time. To W. H. Dennet and W. H. Forbes of Boston, Mass., for engravings and chromos for the wards, and to Lizzie Canning, also of Boston, for a box of fine oranges, that gladdened as they went. Mrs. Leonard, and other ladies of our vicinity, have continued to scatter their flowers through the house. May their memory be fragrant! I presume there may have been other gifts that I have omitted to record; but if so, those who gave have the consolation that mine is not the only record. I have heard of no legacies,

but I hope that many have been laid aside for us ; and wishing lives full of years and honors to the donors, may they come to us when the donors have no longer use for them ! As the old, golden legend of St. Thomas says, " There are in heaven palaces without number prepared from the beginning of the world ; and they are to be bought with faith and charity. Your riches, O king ! may go before you to heaven, but they cannot follow you there."

There have been some changes during the year in our staff of officers.

Dr. George L. Ellis, after nearly two years of laborious service, has tendered his resignation of the position of Second Assistant Physician, but, in view of the changes in the house, has kindly consented to remain up to the present time. His good qualities are so apparent, his quickness of appreciation, his thorough knowledge of his profession, his kind attention to those under his care, that I predict for his future, success in whatever labor he may undertake ; certainly he has my best wishes for it.

Dr. Marcello Hutchinson of Wakefield, Mass., succeeds him. He is a graduate of the Harvard Medical School, comes highly recommended, and, I may add, makes a favorable impression at once.

Miss A. M. Hersey, our very efficient supervisor, for sixteen years connected with the hospital, the most of the time in charge of the female department, has, on account of failing health, been granted an extended leave of absence. I trust that in the air of her native hills she may find healing and rest for the frame tired out in the service, and return to her duties invigorated and restored ; but it seems to me fitting to say here, that if faithful, conscientious service, and strict attention to duty, entitle to grateful remembrance, her reward is sure.

Miss Mary E. Marsh performs her duties in her absence, bringing a kind disposition and excellent executive qualities to the work.

The other staff-officers remain unchanged, and will accept my thanks for the efficient aid which they have rendered in their respective departments. One and all, they have my best wishes. I trust it will not seem invidious to others that I mention by name my first assistant, Dr. William H. Gage.

For more than seven years, through all this pressure of work that we have carried, he has stood with me, never sick, tired, but untiring. Late or early, it has been always the same. And for kindness of heart, singleness of purpose, and faithfulness to his trust, I have not met his equal. In parting from him I can only hope that the integrity of his life may be rewarded with the success that it deserves.

Gentlemen, I am glad to look once more on your familiar faces. Pleasant as are the new, I instinctively turn for those that I cannot see; one parted from us since the opening year, the other the turf of three years is hiding. Yet, in one sense, these stand the nearest; for to them my next words will be of greeting, not of farewell. Still it is pleasant to think, even though deeming "new friends as dear as old," that three of those who more than seven years ago welcomed me here, are with us now. Seven very pleasant years they have been to me. With all the trials and difficulties incident to this over-crowded transition period, it is wonderful that we have seen so little trouble, have known no discord, that in our work we have gone hand in hand together, and united have accomplished so much. And so we have come at last to the parting of the ways; but parting, I do not forget,—the generous confidence, the kindly sympathy, the spoken words of approval and of cheer, these are memories that will not wither. For you and yours, if my wishes avail any thing, may there be abundant reward! Going away to another field of the same labor, in our work we shall be united still. I seem to myself to be only saying good-by for a little vacation: and I think that, after resting, I shall come back one morning and find you all together again; only, this work, so incomplete now, will be finished then; these sad faces, that we cannot brighten, will be changed; and we shall rest, too, from the labor of the healing, for there they will not say, "I am sick." Then, after our work is finished, may "the evening-time be light"!

W. W. GODDING, *Superintendent.*

TWENTY-FIFTH ANNUAL REPORT
OF
THE TRUSTEES
OF THE
STATE LUNATIC HOSPITAL
AT
TAUNTON,

FOR THE YEAR ENDING SEPTEMBER 30, 1878.

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FOR THE YEAR ENDING SEPTEMBER 30, 1878.

BOSTON:
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Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

THE Trustees of the Taunton Lunatic Hospital submit this, their Twenty-Fifth Annual Report:—

The most important change that has taken place in the Hospital during the past year is the reduction in the number of patients from 787 in October, 1877, to 579 at the present date. This reduction is owing to the opening of the Hospital for the Chronic Insane at Worcester in October last, and the transfer in October, November, and December, of 275 patients from this Hospital to that institution. The good effect of the change has been evident in the relief to the crowded halls, and the comparative quiet and comfort of the inmates.

During the year various improvements have been made in the internal and external arrangements of the Hospital. The means and appliances for ventilation have been enlarged and re-arranged, and made more effectual than they have ever before been. In the centre building a plan for the alteration of the dining-rooms has been adopted, which, when completed, will give to each floor of both wings a new and pleasant reception-room for the friends of the patients, leaving the dining-rooms still sufficiently large to accommodate the occupants of the adjacent wards. Some additions have been made to the diet-list, which render the bill of fare more attractive and satisfactory to the patients.

The substitution, which is now being made, of new and larger windows, in place of the present narrow openings over the doors between the sleeping-rooms and the halls, in the centre wards, will give better light and ventilation, and a more cheerful aspect to these older parts of the Hospital.

The removal of the old stable, and the grading of the land upon which it stood, have improved the appearance of that part of the grounds. A large and convenient building has been erected for the protection of the vehicles used on the farm, and the agricultural implements. A considerable addition has been made to the brick building used as a carpenter's shop.

Some alterations have been suggested by the Superintendent, and approved by the Board, with a view of increasing the accommodations for patients who need private rooms. These rooms will be taken from the wards of the centre, or old part of the building, on each floor, on both sides of the house. The alterations will be easily made, and without great expense, and, when completed, will supply a want which has long been felt at this Hospital.

A method has been devised, and is now being carried into effect, for improving the drainage of the Hospital. A system of filter-beds has been arranged near the river, which is expected to prevent all danger from the accumulation of sewage. The whole sewage of the Hospital will pass through these beds, by which a large portion will be rendered fit for use on the farm and garden; and the filtered fluids will be discharged, in an inoffensive condition, into the river.

The situation of this Hospital is well adapted for an institution of the kind. The land included in the Hospital grounds consists of 134 acres, having a fair proportion of farming and wood land within its limits. It has been the aim of the Trustees to add to the attractiveness of the grounds by such gradual improvements as could be made from year to year without too great cost to the State; and it is still their wish and design to introduce such other improvements as the health, comfort, and enjoyment of the patients may demand.

The appropriation made by the legislature of the last year of \$10,000 for a new laundry has been applied, under the immediate direction of the Superintendent, to the erection of

a substantial brick building, now nearly completed, which is well arranged for the work to be done, and will be well equipped with the most approved modern machinery and fixtures. The entire expense of the building and machinery will not exceed the amount of the appropriation. In the attic are seven pleasant and convenient rooms, designed as sleeping-rooms for those employed in the laundry.

The appropriation asked for in the last Annual Report for the extension of the centre of the main building to the rear is again, for the reasons there given, respectfully recommended. The sum of \$45,000 was intended to cover the cost of the laundry, as well as the extension; but, the laundry having been already provided for, only \$35,000 will be needed for the latter object. This is an improvement, the need of which has become more evident since the enlargement of the Hospital by the erection of the new wings; and the present time of low wages and reduced cost of materials is favorable for the undertaking.

For a more detailed account of the improvements projected, or already in progress, reference is made to the Report of the Superintendent, herewith submitted.

From the Report of the Treasurer, it appears that the financial condition of the Hospital is satisfactory, and that there is at present a small surplus in the treasury.

In regard to the care and treatment of the insane at this Hospital, but little remains to be added to the statements of former reports. A large proportion of the patients belong to the class of chronic insane, who require but little strictly medical treatment, but to whom the Hospital affords the means of such enjoyment of life as they are capable of, and to most of them the best, if not the only, chance of improvement in their mental condition. It is an encouraging fact, that patients with chronic disease in a hospital occasionally recover, even after years of apparently hopeless insanity. Of this, the case referred to in the Report of the Superintendent, of the recovery and discharge of a patient who had been an inmate of this institution for sixteen years, is a striking instance.

Many patients, in the early stages of acute mania or melancholia, find immediate benefit in their removal from the exciting or depressing influences of home associations and

the presence of friends to the regular and quiet life of the Hospital. Others recover, or are much relieved, only after months of active disease; while in others the cause proves to be permanent, and beyond the reach of medical aid.

The experience of every hospital for the insane shows that a favorable result is far more probable if the patient is placed under treatment at an early stage of his disease, and that the chance of recovery is in almost direct ratio to the promptness with which resort is had to the sanitary influences of a hospital.

Such being the case, it is to be regretted that unfounded prejudices against our hospitals for the insane should arise in the community, encouraged too often by those who should be better informed, which tend to prevent early recourse to the best known means of treatment, and thereby seriously interfere with the chance for recovery.

The hospitals of this State are under the supervision and direction of boards of trustees, who serve without compensation, and who have no interest but to secure the best treatment of every patient. The superintendents are selected with great care for their special skill and their high character. Kindness, patience, and constant watchfulness are required of all the attendants; and every known failure in these essential qualities is followed by prompt dismissal.

When the trying nature of the duties of the attendants is considered, there is reason for surprise that so many excellent and competent persons are found to fill these positions, and that so few cases of unfaithfulness or negligence occur. The devotion to duty, and interest in those under their charge, shown by the attendants, are gratifying evidences of the humane spirit which governs the relation of the Hospital to the patients. The frequent and spontaneous expressions of gratitude from those who, after recovery, come before the Board of Trustees for their discharge, are proofs of the kind treatment which they have received.

The statistical results of the past year, with the usual tables, will be found in the Report of the Superintendent. It will be observed, that the ratio of deaths to the number under treatment is less than that of the previous year. The number of deaths the past year was 76, and the ratio $6\frac{2}{10}$ per cent. In the previous year the number of deaths was 105, and the ratio over 8 per cent.

The Board of Trustees has recently sustained the loss of two of its most esteemed members by death. Mr. Oliver Ames, who died March 8, 1877, was the first member of the Board whose death occurred during his term of office. He received his first appointment in February, 1862, and had been a member of the Board for more than sixteen years. His well-known energy and ability made his aid and counsel of great value on all important questions, and his presence was always welcome at the meetings of the Board.

Mr. Charles R. Atwood died, while in office, on the 18th of December, 1877. He had been a member of the Board of Trustees nearly seventeen years, having been appointed in February, 1861. Mr. Atwood's genial temperament and benevolent disposition led him to take a warm personal interest in the welfare of the patients, while his practical acquaintance with all the affairs of the Hospital was of constant service in its management. Even when his failing health made it difficult for him to attend the meetings of the Board, he was unwilling to relinquish a duty from which he had derived so much satisfaction, until he could no longer bear the effort. The Trustees take this opportunity to express their sense of the value of the services of both the deceased members to the Hospital and to the State.

At the close of the last year, Dr. William W. Godding, the able and valued Superintendent of the Hospital, resigned his position here to accept an appointment to the charge of the Government Hospital for the Insane at Washington, D.C. In the Report of last year the Trustees have expressed their opinion of Dr. Godding's qualifications as a Superintendent. They accepted his resignation with much regret, and they will always look back with satisfaction to his seven years of faithful and efficient service at this Hospital.

After careful inquiry and due deliberation in the choice of a successor to Dr. Godding, the Trustees unanimously elected Dr. John Peaslee Brown of Concord, N.H., to fill the vacant place. Dr. Brown has had large experience in the care of the insane, having served for twelve years at the New-Hampshire Asylum for the Insane at Concord, and having had the entire charge of that institution during the term of Dr. Bancroft's absence in Europe. Dr. Brown brought with him high testimonials to his character and

ability from the Trustees and Superintendent of that hospital, and, during the short term of his service here, has shown such qualities as Superintendent as to satisfy the Board of his eminent fitness for the position. He has already had opportunity for the exercise of the administrative ability and professional skill which are the first requisites in the care and management of a hospital.

For the term of six months, from Sept. 1, 1877, to March 1, 1878, during the interval following the resignation of Dr. Godding, the duties of Superintendent were faithfully performed by the Assistant Physician, Dr. William H. Gage, whose devotion to the interests of the Hospital and of the patients is cordially recognized by the Trustees.

The Trustees take pleasure in expressing their satisfaction with the faithful manner in which the other officers of the Hospital have performed their various duties during the past year, and the success with which they have all worked together to promote the general good of the institution.

LEBARON RUSSELL,	}	<i>Trustees.</i>
SAMUEL L. CROCKER,		
GEO. HOWLAND, JUN.,		
WM. C. LOVERING,		
SIMEON BORDEN,		

TAUNTON, Oct. 11, 1878.

LIST OF PERSONS

Employed at the Taunton Lunatic Hospital, Sept. 30, 1878.

Superintendent and Physician	(per year)	\$2,500 00
Assistant Physician	"	1,500 00
Assistant Physician	"	800 00
Treasurer and Clerk	"	1,200 00
Supervisor (male)	"	500 00
Supervisor (female)	"	400 00
Housekeeper	"	300 00
Seamstress	"	200 00
Engineer	(per month)	75 00
Baker	"	40 00
Assistant Supervisor (male)	"	30 00
Assistant Supervisor (female)	"	25 00
Coachman	"	30 00
Gardener	"	30 00
Night-watch (male)	"	30 00
Night-watch (female)	"	18 00
Firemen (3)	"	25 00
Laborers (4)	"	25 00
Laborers (2)	"	20 00
Laborer	"	18 00
Stable-boy	"	8 00
Painter	"	25 00
Farm-hand	"	35 00
Farm-hand	"	25 00
Farm-hands (2)	"	20 00
Attendants (male) (2)	"	28 00
Attendants (male) (14)	"	25 00
Attendants (male) (5)	"	20 00
Attendants (female) (15)	"	16 00
Attendants (female) (10)	"	14 00
Assistant Seamstresses (2)	"	14 00
Laundress	(per week)	5 00
Laundress-girls (8)	"	3 00
Cook	(per month)	16 00
Kitchen-girl	(per week)	3 50
Kitchen-girls (6)	"	3 00
House-attendants (2)	"	3 00

INVENTORY OF STOCK AND SUPPLIES

On hand Sept. 30, 1878.

Live-stock on the farm	\$2,884 00
Produce of the farm on hand	1,200 00
Carriages and agricultural implements	1,925 00
Machinery and mechanical fixtures	39,000 00
Beds and bedding in inmates' department	12,690 35
Other furniture in inmates' department	5,237 45
Personal property of the State in the Superintendent's department	9,958 95
Dry-goods	3,041 41
Provisions and groceries	3,126 50
Drugs and medicines	500 00
Fuel	5,000 00
Library	500 00
	<hr/>
	\$85,963 66

TREASURER'S REPORT.

I RESPECTFULLY submit the following Report of the finances of this institution for the year ending Sept. 30, 1878, to the Trustees: —

ASSETS.

134 acres of land, at \$200 per acre . . .	\$26,800 00
Hospital building	275,000 00
Brick barn and stable	8,000 00
Other buildings and wall	7,000 00
	<hr/> \$316,800 00

Personal Estate.

Stock and supplies on hand, as per inventory appended to the Trustees' Report	85,963 66
Reserve fund	12,000 00
	<hr/> \$114,763 66

RECEIPTS.

Cash on hand Sept. 30, 1877	\$1,495 87
Received from the State Treasurer	30,484 64
from towns	88,211 02
from individuals	13,360 72
from sales	474 70
from interest	408 05
	<hr/> \$134,435 00

PAYMENTS.

1st. Salaries, wages, and labor	\$29,692 59
2d. Provisions and supplies; viz., —	
Meat of all kinds	\$8,409 42
Fish of all kinds	2,385 42
Fruit and vegetables	3,236 85
Flour and bread	9,119 96
Grain and meal for table	571 12
Grain and meal for stock	1,356 61
Tea, coffee, and broma	2,484 10
	<hr/>
<i>Amounts carried forward</i>	\$27,563 48
	<hr/> \$29,692 59

<i>Amounts brought forward</i>	.	.	.	.	\$27,563 48	\$29,692 59
Sugar and molasses	.	.	.	.	5,141 63	
Milk, butter, and cheese	.	.	.	.	12,092 94	
Salt and other groceries	.	.	.	.	4,611 72	
					<hr/>	49,409 77
3d. Clothing	.	.	.	.	.	8,559 12
4th. Fuel and light	.	.	.	.	.	8,087 92
5th. Medicines and medical supplies	.	.	.	.	.	2,137 33
6th. Furniture, beds, and bedding	.	.	.	.	.	10,269 71
7th. Transportation	.	.	.	.	.	780 01
8th. Construction and repairs	.	.	.	.	.	19,064 21
9th. Miscellaneous expenses	.	.	.	.	.	3,875 55
						<hr/>
						\$131,876 21

LIABILITIES.

Salaries and wages due Oct. 1	.	.	.	.	.	\$3,694 39
Miscellaneous bills due	.	.	.	.	.	10,273 03
						<hr/>
						\$13,967 42

Due the institution for board Oct. 1, —

From towns	.	.	.	.	.	\$20,301 10
State	.	.	.	.	.	6,921 21
individuals	.	.	.	.	.	3,798 52
Cash on hand Sept. 30, 1878	.	.	.	.	.	2,558 79
						<hr/>
						\$33,579 62

SUMMARY.

Total receipts	.	.	.	.	.	\$134,435 00
Total payments	.	.	.	.	.	131,876 21
						<hr/>
						\$2,558 79
Total liabilities	.	.	.	.	.	\$13,967 42
Total debts due the institution	.	.	.	.	.	33,579 62
						<hr/>
						\$19,612 20
Current expenditures	.	.	.	.	.	\$131,876 21
Dividing this sum by 613, the average number of patients,						
we have, as the annual cost of each patient	.	.	.	.	.	215 13
And the average weekly cost	.	.	.	.	.	4 14

JOHN KITTREDGE, *Treasurer.*

TAUNTON LUNATIC HOSPITAL, Oct. 10, 1878.

We, the undersigned, have this day examined the foregoing account of the Treasurer, compared it with the vouchers, and find it correct.

GEO. HOWLAND, JUN.
SAML. L. CROCKER.

SUPERINTENDENT'S REPORT.

To the Trustees of the Taunton Lunatic Hospital.

GENTLEMEN,— With the close of the hospital year, I present for your consideration the Annual Report, including the usual statistical tables.

TABLE No. 1.

	Men.	Women.	Totals.
Number of patients remaining Sept. 30, 1877	375	401	776
Number of patients admitted since Sept. 30, 1877	226	206	432*
Number of patients under treatment during the year	601	607	1,208
Number of patients discharged during the year	268	285	553†
Number of patients deceased during the year	41—309	35—320	76—629
Number of patients remaining Sept. 30, 1878	292	287	579

* Six women, two men, re-admitted within the year. † Including three by elopement.

The average number under treatment was 613+.

TABLE No. 2.

Monthly Statement of Admissions, Discharges, and Deaths.

TIME.	Admissions.	Discharges.	Deaths.
September	9	20	8
October	51	226	5
November	46	81	5
Autumn	— 106	— 327	— 18

TABLE NO. 2—Concluded.

TIME.						Admissions.	Discharges.	Deaths.
December .	.	.	.	.	.	62	48	6
January .	.	.	.	.	.	50	24	12
February .	.	.	.	.	.	32	8	11
Winter	.	.	.	.	.	— 144	— 80	— 29
March .	.	.	.	.	.	40	19	6
April .	.	.	.	.	.	55	31	3
May .	.	.	.	.	.	41	24	4
Spring	.	.	.	.	.	— 136	— 74	— 13
June .	.	.	.	.	.	19	27	6
July .	.	.	.	.	.	18	19	4
August .	.	.	.	.	.	9	26	6
Summer	.	.	.	.	.	— 46	— 72	— 16
Totals	.	.	.	.	.	432	553	76

TABLE NO. 3.

Condition of those Discharged.

	1878.			PREVIOUSLY.			Total in Twenty- five Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
Recovered .	42	47	89	1,145	1,106	2,251	2,340
Improved .	103	142	245	903	822	1,725	1,970
Unimproved .	122	97	219	688	702	1,390	1,609
Died .	41	35	76	618	542	1,160	1,236
Totals .	308	321	629	3,354	3,172	6,526	7,155

TABLE No. 4.
Character of Insanity.

	1878.			PREVIOUSLY.			Total in Twenty- five Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
Mania . . .	140	103	243	1,895	1,890	3,785	4,028
Melancholia . .	21	45	66	441	616	1,057	1,123
Monomania . .	—	—	—	117	87	204	204
Dementia . . .	51	55	106	1,208	963	2,171	2,277
Congenital imbecility,	2	2	4	14	14	28	32
Paresis (since 1870) .	11	1	12	92	9	101	113
Not insane . . .	1	—	1	7	1	8	9
Totals . . .	226	206	432	3,774	3,580	7,354	7,786

TABLE No. 5.
Duration of Disease before Admission.

	1878.			PREVIOUSLY.			Total in Twenty- five Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
Less than 3 months .	56	59	115	1,374	1,427	2,801	2,916
Between 3 and 6 mos.	29	26	55	370	396	766	821
6 and 12 mos.	24	25	49	408	324	732	781
1 and 2 yrs.	41	17	58	470	401	871	929
2 and 3 yrs.	11	14	25	287	228	515	540
3 and 4 yrs.	7	10	17	150	164	314	331
4 and 5 yrs.	10	12	22	114	111	225	247
5 and 10 yrs.	26	23	49	336	309	645	694
10 and 20 yrs.	14	17	31	185	164	349	380
Over 20 years . . .	8	3	11	80	56	136	147
Totals . . .	226	206	432	3,774	3,580	7,354	7,786

TABLE NO. 6.

Duration of Insanity before Admission in those Discharged Recovered.

	1878.			PREVIOUSLY.			Total in Twenty- five Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
Less than 3 months .	25	29	54	668	652	1,320	1,374
Between 3 and 6 mos.	10	8	18	106	123	229	247
6 and 12 mos.	2	1	3	67	70	137	140
1 and 2 yrs.	2	3	5	48	45	93	98
2 and 3 yrs.	2	2	4	33	21	54	58
Over 3 years . .	1	4	5	44	40	84	89
Totals . .	42	47	89	966	951	1,917	2,006

TABLE NO. 7.

Causes of Death in those Deceased.

	1878.			PREVIOUSLY.			Total in Twenty- five Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
Phthisis . . .	3	4	7	78	125	203	210
Maniacal exhaustion .	9	3	12	78	90	168	180
Paresis . . .	2	—	2	118	20	138	140
Inanition . . .	2	1	3	43	60	103	106
Apoplexy . . .	3	3	6	61	36	97	103
Organic brain disease,	14	4	18	68	43	111	129
Paralysis . . .	—	—	—	31	20	51	51
Diarrhoea . . .	1	4	5	21	27	48	53
Epilepsy . . .	1	3	4	29	13	42	46
Old age . . .	4	11	15	14	18	32	47
Fever . . .	—	—	—	14	5	19	19
Disease of heart .	—	—	—	11	14	25	25
Dysentery . . .	—	—	—	12	7	19	19
Suicide . . .	2	—	2	8	7	15	17
Pneumonia . . .	—	1	1	5	11	16	17

TABLE No. 7 — Concluded.

	1878.			PREVIOUSLY.			Total in Twenty- five Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
Anæmia . . .	—	—	—	4	7	11	11
Erysipelas . .	—	—	—	5	6	11	11
Disease of liver .	—	—	—	4	3	7	7
Gangrene . . .	—	—	—	1	5	6	6
Congestion of lungs .	—	—	—	1	4	5	5
Cancer . . .	—	—	—	—	5	5	5
Cystitis . . .	—	—	—	2	1	3	3
Scrofula . . .	—	—	—	1	1	2	2
Chorea . . .	—	—	—	1	1	2	2
Gastritis . . .	—	—	—	1	1	2	2
Peritonitis . .	—	—	—	1	1	2	2
Disease of kidneys .	—	—	—	—	2	2	2
Carbuncle . . .	—	—	—	1	—	1	1
Burns . . .	—	—	—	—	1	1	1
Measles . . .	—	—	—	1	—	1	1
Variola . . .	—	—	—	1	—	1	1
Injury . . .	—	—	—	1	—	1	1
Strangulation by food,	—	—	—	1	—	1	1
Necrosis . . .	—	—	—	1	—	1	1
Abscess . . .	—	—	—	1	2	3	3
Rheumatism . .	—	—	—	1	—	1	1
Strangulated hernia .	—	—	—	—	1	1	1
Pyæmia . . .	—	—	—	1	—	1	1
Diphtheria . .	—	—	—	—	1	1	1
Accidental drowning .	—	—	—	—	1	1	1
Chronic bronchitis .	—	1	1	—	—	—	1
Totals . . .	41	35	76	621	539	1,160	1,236

TABLE NO. 8.

Age of Patients Admitted.

	1878.			PREVIOUSLY.			Total in Twenty- five Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
Between 5 and 10 yrs.	1	—	1	2	2	4	5
10 and 15 yrs.	2	1	3	19	18	37	40
15 and 20 yrs.	11	8	19	222	199	421	440
20 and 25 yrs.	26	19	45	459	462	921	966
25 and 30 yrs.	33	25	58	534	548	1,082	1,140
30 and 35 yrs.	34	31	65	515	526	1,041	1,106
35 and 40 yrs.	26	35	61	515	465	980	1,041
40 and 45 yrs.	21	24	45	411	378	789	834
45 and 50 yrs.	21	13	34	326	299	625	659
50 and 55 yrs.	15	12	27	260	222	482	509
55 and 60 yrs.	9	5	14	169	133	302	316
60 and 65 yrs.	9	7	16	148	122	270	286
65 and 70 yrs.	8	4	12	84	69	153	165
70 and 75 yrs.	5	8	13	54	59	113	126
75 and 80 yrs.	3	3	6	38	42	80	86
80 and 85 yrs.	1	8	9	16	23	39	48
Over 85 years . . .	1	3	4	2	13	15	19
Totals . . .	226	206	432	3,774	3,580	7,354	7,786

TABLE NO. 9.

Occupation of Male Patients Admitted.

Laborers	1,015	Workers in iron	214
Farmers and gardeners	377	“ in silver and gold	32
Seafaring men	357	“ in tin, copper, and	
Mill-operatives	154	lead	23

TABLE 9—Concluded.

Workers in leather	276	Weigher	1
“ in wood	225	Police and watchmen	10
“ in brick and stone	102	Hotel and saloon keepers	31
“ in glass	4	Porters and waiters	57
Hat and bonnet makers	11	Clerks	131
Cigar-makers	19	Dentists	4
Painters	77	Clergymen	25
Tailors	50	Physicians	21
Butchers	20	Lawyers	14
Bakers and cooks	22	Editors	2
Printers	26	Soldiers	31
Brewer	1	Artists	7
Paper-hanger	1	Actors and musicians	12
Book-binder	1	In school	73
Drivers, teamsters, and host- lers	84	No occupation	196
Insurance agents	3	Auctioneer	1
Traders	196	Cooper	1
Engravers	8	Sailmaker	1
Engineers	8	Unknown	53
Barbers	21		
Gaugers	2		
		Total	4,000

TABLE No. 10.

Civil Condition of all Persons Admitted.

	1878.			PREVIOUSLY.			Total in Twenty- five Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
Married	87	81	168	1,598	1,467	3,065	3,233
Single	120	76	196	1,965	1,540	3,505	3,701
Widowed or divorced,	9	48	57	178	562	740	797
Unknown	10	1	11	33	11	44	55
Totals	226	206	432	3,774	3,580	7,354	7,786

TABLE NO. 11.
Nativity of all Persons Admitted.

	1878.			PREVIOUSLY.			Total in Twenty- five Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
United States . .	130	88	218	2,053	1,639	3,692	3,910
Ireland . . .	51	83	134	1,173	1,556	2,729	2,863
England . . .	16	9	25	141	106	247	272
British Provinces .	8	14	22	112	144	256	278
Germany . . .	6	6	12	138	65	203	215
Scotland . . .	4	1	5	29	24	53	58
Portugal . . .	—	—	—	22	7	29	29
Italy . . .	1	—	1	18	3	21	22
Sweden . . .	1	2	3	6	15	21	24
France . . .	1	1	2	16	4	20	22
Denmark . . .	—	—	—	9	2	11	11
West Indies . .	—	—	—	10	1	11	11
Spain . . .	—	—	—	8	2	10	10
Switzerland . .	1	—	1	5	1	6	7
Holland . . .	—	—	—	5	—	5	5
Asia . . .	—	—	—	4	—	4	4
Russia . . .	1	1	2	3	2	5	7
Wales . . .	—	—	—	1	1	2	2
Africa . . .	1	—	1	2	1	3	4
Turkey . . .	—	—	—	2	—	2	2
Sandwich Islands .	1	—	1	1	—	1	2
Western Islands .	3	—	3	—	2	2	5
Brazil . . .	—	—	—	1	—	1	1
Unknown . . .	1	1	2	15	5	20	22
Totals . . .	226	206	432	3,774	3,580	7,354	7,786

TABLE No. 12.
Assigned Causes of Insanity.

	1878.			PREVIOUSLY.			Total in Twenty- five Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
Intemperance . . .	21	8	29	745	238	983	1,012
Ill health . . .	4	17	21	206	698	904	925
Masturbation . . .	15	—	15	345	22	367	382
Domestic trouble . .	1	6	7	74	218	292	299
Religious excitement,	3	4	7	119	128	247	254
Epilepsy . . .	19	4	23	175	110	285	308
Puerperal . . .	—	8	8	—	254	254	262
Injury . . .	10	1	11	127	36	163	174
Pecuniary trouble . .	5	2	7	140	22	162	169
Loss of friends . . .	1	1	2	34	110	144	146
Brain-disease . . .	5	—	5	144	53	197	202
Disappointment . . .	4	3	7	33	96	129	136
Hard work . . .	3	6	9	60	58	118	127
Sunstroke . . .	6	—	6	90	6	96	102
Old age . . .	2	18	20	31	62	93	113
Congenital . . .	2	3	5	19	28	47	52
Fright . . .	—	—	—	12	31	43	43
Hard study . . .	2	—	2	32	9	41	43
Use of narcotics . . .	1	—	1	18	16	34	35
Want of employment,	6	2	8	28	7	35	43
Ill treatment . . .	—	—	—	2	20	22	22
Jealousy . . .	—	1	1	12	10	22	23
Seduction . . .	—	—	—	—	19	19	19
Home-sickness . . .	1	1	2	3	12	15	17
Exposure . . .	—	—	—	14	2	16	16
Venereal . . .	1	—	1	6	5	11	12
Excitement . . .	—	—	—	6	1	7	7
Healing of ulcer . . .	—	—	—	1	2	3	3
Light reading . . .	—	—	—	—	2	2	2
Bad education . . .	—	—	—	1	1	2	2
Obsession . . .	—	—	—	1	—	1	1
Imprisonment . . .	—	—	—	2	—	2	2
Unknown . . .	114	121	235	1,294	1,304	2,598	2,833
Totals . . .	226	206	432	3,774	3,580	7,354	7,786

TABLE NO. 13.

Age at which Insanity appeared.

	1878.			PREVIOUSLY.			Total in Twenty- five Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
Under 5 years . . .	3	2	5	45	26	71	76
Between 5 and 10 yrs.	1	1	2	22	24	46	48
10 and 15 yrs.	3	1	4	64	51	115	119
15 and 20 yrs.	13	9	22	317	286	603	625
20 and 25 yrs.	31	30	61	541	528	1,069	1,130
25 and 30 yrs.	32	33	65	539	637	1,176	1,241
30 and 35 yrs.	32	31	63	540	499	1,039	1,102
35 and 40 yrs.	23	26	49	475	439	914	963
40 and 45 yrs.	21	20	41	350	319	669	710
45 and 50 yrs.	17	10	27	286	266	552	579
50 and 55 yrs.	13	6	19	192	144	336	355
55 and 60 yrs.	9	5	14	155	119	274	288
60 and 65 yrs.	6	8	14	106	81	187	201
65 and 70 yrs.	4	2	6	70	64	134	140
70 and 75 yrs.	4	8	12	35	34	69	81
75 and 80 yrs.	3	5	8	18	29	47	55
Over 80 years . . .	2	7	9	4	17	21	30
Unknown . . .	9	2	11	15	17	32	43
Totals . . .	226	206	432	3,774	3,580	7,354	7,786

TABLE NO. 14.

Last Residence of Patients.

	1878.			PREVIOUSLY.			Total in Twenty- five Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
Suffolk County . .	131	135	266	1,869	1,951	3,820	4,086
Bristol County . .	46	36	82	657	542	1,199	1,281
Norfolk County . .	16	16	32	463	333	796	828
Plymouth County . .	19	11	30	267	251	518	548
Essex County . . .	1	1	2	112	150	262	264
Middlesex County . .	4	6	10	142	122	264	274
Barnstable County . .	8	—	8	90	72	162	170
Dukes County . . .	—	—	—	32	18	50	50
Nantucket County . .	1	1	2	19	9	28	30
Worcester County . .	—	—	—	3	6	9	9
Franklin County . .	—	—	—	2	2	4	4
Worcester Hospital . .	—	—	—	110	109	219	219
Other States . . .	—	—	—	8	15	23	23
Totals . . .	226	206	432	3,774	3,580	7,354	7,786

TABLE No. 15.
*By whom Supported when Admitted.**

	1878.			PREVIOUSLY.			Total in Twenty- five Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
By State . . .	126	111	237	2,262	2,240	4,502	4,739
Towns . . .	91	89	180	1,100	900	2,000	2,180
Individuals . .	9	6	15	412	440	852	867
Totals . . .	226	206	432	3,774	3,580	7,354	7,786

* Remaining in Hospital Sept. 30, 1878: Town, 387; State, 134; Individuals, 58.

TABLE No. 16.
Previous Hospital Residence.

	1878.			PREVIOUSLY.			Total in Three Years.
	Men.	Women.	Total.	Men.	Women.	Total.	
First residence, as far as known, in any hospital. . .	177	150	327	390	405	795	1,122
Previous residence in this Hospital. .	44	44	88*	124	131	255	343
Previous residence in other Mass. hospitals	3	5	8†	25	35	60	68
Previous residence in other hospitals out of State . .	2	7	9	16	9	25	24
Totals . . .	226	206	432	555	580	1,135	1,567

* Of this number, 3 have been in other hospitals in this State.

† Of this number, 4 have been in hospital in another State.

At the commencement of the year there were in the Hospital 776 patients, — 375 men and 401 women. During the year, 432 have been admitted, — 226 men and 206 women; making the whole number under treatment 1,208. Six hundred and twenty-nine have been discharged, including 275 transferred, by order of the Board of State Charities, to the Asylum for the Chronic Insane at Worcester, and 76 removed by death; leaving, at the close of the year, 579 patients, — 292 men and 287 women. The highest number under treatment in the Hospital at any one time during the year was 787. This number was reached Oct. 16, before the first transfer to Worcester, and was the largest number ever in the Hospital at any one time. The lowest number was 545, and occurred Nov. 16, after the second transfer to Worcester. But the stream from

Essex and Suffolk Counties continued to pour in upon us until the middle of May, and had carried our numbers above 650, when the Hospital at Danvers was opened, and came to our relief by receiving most of the patients from that section of the State. Since then our discharges have been in excess of our admissions, and our numbers have gradually decreased. The next three months will probably reduce us to 550, which is the full capacity of the Hospital, and possibly below that number. The average number under treatment during the year was 613. Of those discharged, 89 were recovered, and 245 more or less improved; while 219 were not very materially changed. Among those recorded as recovered was one woman, who had been a patient here sixteen years, and a larger portion of the time had been very insane; the form of her insanity having been periodical mania with active excitement, which continued for two or three weeks, with remissions of about the same length of time, during which she was on the hall and quite comfortable. Gradually the excited periods became less frequent and of milder type, and the remissions longer and more complete, until her health seemed fully established, having had no return of excitement during the past two years; and she left the Hospital substantially recovered, an example for encouragement and hope to those who have passed into a chronic state of insanity beyond what is usually called the curable period. Such a recovery is very rare, and few happen in the experience of any physician; but one such should teach the lesson of extreme caution in pronouncing any given case of insanity incurable, simply because it has continued beyond what is generally considered the curable period. The ratio of recoveries to the number of discharges, exclusive of those who were transferred to Worcester, is $25\frac{1}{10}$ per cent. This is a trifle lower than last year, and is to be explained in part by the increased number of chronic cases that have been admitted. The ratio of recoveries to the number of acute cases admitted is about the same as in years past, and, comparing one year with another, will vary but little. It is to be regretted that so many cases are permitted to become chronic before they are taken to a hospital for treatment. The records of every hospital will show that the number of recoveries is nearly in direct ratio to the number of admissions of acute cases, or

those whose disease has not continued longer than three months; and yet it would seem to be true, that each year shows more delay in the admission of patients, and that a large majority of the admissions to our hospitals are chronic cases, in whom there can be little hope of recovery. This fact is quite apparent; but how to bring about the remedy, in the present state of public sentiment in regard to the treatment of the insane, is not so evident.

The whole number of deaths during the year was 76, which is $6\frac{2}{10}$ per cent of the whole number under treatment. This is lower than for several years in the past, and is undoubtedly in part due to the less crowded condition of the Hospital. The number of deaths by phthisis was 7, — a much smaller number than for some years. One died from pneumonia, after an illness of a few days; and 15 are recorded as having died from old age, each having passed beyond the allotted threescore years and ten. All of the other deaths resulted directly or indirectly from the disease of the nervous system for which the patient was placed under treatment. It is gratifying that the rate of mortality is less than it has been in some years, although it is what should have been expected from the decrease in the number of patients, and the consequently improved sanitary condition of the Hospital. Of those admitted during the year, 32 were over seventy years of age, and 13 of the number over eighty, — a fact which needs little comment as relates to the percentage of deaths. No epidemic has appeared among us; and all the household have been remarkably exempt from the usual diseases of the community.

Two cases of suicide by suspension occurred, and both within five days of each other. Neither of them had previously given any indication of meditating self-destruction while in the Hospital, and were not therefore especially watched. In all that pertains to the moral treatment of the patients, the same methods as in former years have mainly been pursued; consisting of exercise in the open air, various kinds of labor in door and out, reading of books and the daily papers, a variety of games and entertainments of different kinds. The usual number of evening entertainments have been kept up during the year. Each evening of the week, with some few exceptions, during nine months of the

year, and one evening during the other three months, have been occupied with some entertainment in the chapel. Two evenings have been given to readings by one of the Assistant Physicians, — one to gymnastic exercises, with music on the piano, in which patients and members of the household join, under the direction of Dr. Gage; one to exhibiting pictures with the stereopticon of places of interest at home and abroad, interspersed with comic scenes to enliven the interest. These have been given by the engineer, Mr. Godding, assisted by Mr. Wilbur; and much credit is due them for the enterprise and skill they have shown in producing new comic scenes, and successfully copying many from the public prints. No other entertainment has been more enjoyed by the patients. Next winter, with a new, improved stereopticon, no doubt better results will be reached. Friday evening, for many years, has been devoted to the social party.

We have had some lectures and musical concerts, and hope to have more during the coming year. After the contemplated changes in the chapel are made, we shall hope to add other entertainments, as our friends favor us and our household is able to produce them.

Some changes and improvements in the old wings, a part of which were suggested by my predecessor, have been made, and others are in progress. The dining-rooms in the front male halls have been divided by a brick wall from the basement to the attic, taking off from each dining-room twelve feet adjacent to the centre, making sitting-rooms of twelve by twenty-two feet, and leaving the dining-rooms of ample size for the number who will occupy them. A new elevator for raising the food from the basement to the several halls of that wing has been built. Also, the elevator on the west side of the rotunda, for taking the clothing as it comes from the laundry from the basement to the sorting-rooms, and lifting trunks to and from the attic, has been completed, and proves very satisfactory. Similar changes on the east side will soon be completed, having been delayed by other outside work. Transoms have been put over the doors in some of the old halls; and it is contemplated continuing them through all of the old wings as soon as practicable. They will admit more light into the halls, insure a better circulation of air

through the sleeping-rooms, and remove the somewhat prison-like look of the present narrow apertures over the doors.

New water-closets, wash-basins, and separate bathing-rooms were completed in the middle wings early in the year, and have proved very satisfactory.

Somewhat extensive repairs and improvements in the halls and rooms of the front wings will soon need to be made. Their great defects at present are want of sufficient light, and the large dormitories, which, however, will be remedied in great measure when the alterations you have already authorized have been completed. When the windows, the size of those now in the dining-rooms, and twice the present number, have been extended through the halls, and the two middle rooms have been divided, making four single rooms, with windows of ample size, which will throw the light over the transoms and through the open doors across the halls; and the large dormitories have been divided, making of each one nice front room with two windows, reducing the capacity of the dormitory one-half; and, to complete the work, new floors have been laid to replace those now slivered and worn by constant use for many years, we shall then have in each hall six single rooms, three rooms of larger size, and three dormitories, each with a capacity for four or five patients. This done, these halls will compare favorably with any in the Hospital; and the more quiet and convalescent patients, who may desire to be farther from the noise of the more disturbed, can here find pleasant accommodations.

When the improvements now contemplated in the centre wards are completed, we shall have eighteen pleasant rooms of liberal size, — nine on each side of the house, three on each story, — which will afford good accommodations for a class of patients who may need more quiet and freedom than can be had on the large halls. They will be completely isolated from the other wards, but can be used in connection with them, or as private rooms, as the class of persons occupying them may seem to demand.

These changes and those indicated in the front wings having been finished, we shall not feel obliged to refuse any who may desire better accommodations than we have heretofore been able to furnish, as we have felt compelled to do in several instances during the past year.

New furniture has been procured to replace that which was nearly worn out in several of the wards; a style of settee, heavy and firm, but not unsightly, made of ash, except a few of black walnut which are upholstered, having been selected as more desirable and economical in the end than a lighter and cheaper article. At the same time they give a more furnished look to our large halls. New carpets have been laid on two halls; and handsome lambrequins, made by deft hands in our sewing-room under the direction of our efficient seamstress, have been put on some of the halls. A considerable number of pictures, mostly engravings, have been added to those already on the walls; and there is room for many more. A few books have been added to our not over-large, but well-read, library; and we shall continue to make additions to it during the coming year, as we have the means. A good library is a well-spring of pleasure to many patients, to whom confinement is irksome at best.

As soon as practicable, after receiving the appropriation for the new laundry, by your direction, plans for the building were prepared by the architect, Mr. A. E. Swazey of Taunton; and, having been approved by your Board and his Excellency the Governor and Council, work was commenced the 1st of June, and has been advanced as rapidly as was consistent with good and thorough workmanship; and we hope to occupy it the present month. The whole expense of building and furnishing will not exceed the appropriation. All the work has been done by the day, except the window-frames and the slating. The wisdom of doing it in this manner has been evident in the thoroughness of the work and the economy with which it has been done, all the money having gone into the building, and no margin into the hands of contractors. The bricks were purchased of the Taunton Brick Company at a low price for these times, and were laid by Mr. West, our mason, in a manner which does credit to his skill as a mechanic. The carpenter-work, under the charge of Mr. Walsh, is being done with equal care; and the whole building will be put together in the most substantial manner. Architecturally it presents a pleasant object to the eye, and will do much to improve the rear of the Hospital. A brief description of the building may not be out of place. The outside dimensions are seventy-eight by thirty-eight feet.

It has two stories, — the first, sixteen feet ; the second, fifteen. The roof is hipped, and the attic finished into rooms for the use of those employed in the laundry. In the basement, or first story, are two wash-rooms, — one, sixteen by thirty-one feet, for washing the most soiled clothing ; the other, thirty-six by thirty-seven feet, for doing the general washing, — and the drying-room, which is twenty by thirty-seven feet. In the second story are the ironing-room, fifty-three by thirty-five feet, and the sorting and mending room, twenty-two by thirty-five feet. The room for washing the most soiled clothing and bedding is being fitted up with two washing-machines, recently introduced by Mr. Bird of New Bedford. One of the machines, having been on trial for some weeks in the old laundry, has proved very satisfactory. In the general wash-room we have placed two of Oakley & Keating's Nonpareil Washing-Machines. The ironing-room will be furnished with the most approved machinery for doing the work ; and the room itself will be very convenient, light, and cheerful. The sorting and mending room will be very useful for preparing the clothes to be taken directly to the halls.

The new laundry in all its departments, I think, will prove very satisfactory. All the piping of the building has been done, and the machinery is being put in, by our competent and efficient engineer, Mr. Rufus D. Godding.

The carpenter-shop and engineer's room have been enlarged by erecting an extension to the building of twenty-three by thirty feet. This additional room has been long needed, and will enable us to employ more carpenters to advantage to carry on the necessary repairs and improvements, and to introduce any additional machinery that may be necessary. It will also afford increased room for storing lumber in the attic. This extension, built of brick, two stories and a half high, was completed and occupied in four weeks from the time you decided to build it.

By your direction a capacious shed, eighty-four feet in length by twenty feet in width, has been built south of the stock-barn, to house the farming implements and such other things as need to be protected from the weather, which are not otherwise provided for. It is built with a double-pitch roof and fifteen feet post, floored down five feet, making an ample store-room under the roof. This building will supply

a want long felt by the Hospital. A thrifty farmer protects his farming-tools from injury from the weather not less than his cattle and horses.

Some progress has been made in improving the grounds in the rear of the Hospital. The road from the stable to the rear entrance has been made into a handsome driveway, finished with a cobble-stone water-course on one side, and a terrace of greensward on the other, from which the ground is graded with a gradual slope to the water. The grading of this necessitated the removal of two ancient structures, whose usefulness had long since departed, and which could not be retained for their ornamental appearance. This has opened up an unobstructed view of the water from the bay-windows of the east wing; and, after the sun and rain have covered the now barren soil with a carpet of green, the outlook in this direction will be delightful, presenting a pleasing picture of water, bordered by a bank of greensward and the grove of ancient oaks. The ground about the well-house has been levelled, and the road in the rear of the boiler-house graded and terraced on one side. To complete these improvements, and prevent a future accumulation of *débris* in this vicinity, the old stable, which has been used for drying and refilling beds since it ceased to be the home of Bucephalus, has been removed to a convenient place near the stock-barn. Since its removal, it has been thoroughly repaired, and will be in condition to serve its present use for years to come. Under it a cellar has been made for keeping roots and vegetables for the stock. For that purpose it will be very convenient and useful.

A series of filter-beds for receiving and utilizing the sewage of the Hospital, which at present is delivered into an open cesspool, the overflow running into Mill River, is now in process of construction. They are being made by building a cesspool, forty feet in length by twenty in width, with bricks laid in cement. This is divided into six equal compartments by a wall running lengthwise through the middle, and cross-walls, making the whole a double series of three filter-beds: so that one series can be used while the other is being cleaned out, and filled with new earth. The whole is covered in by a close building, to prevent any unpleasant odor from escaping. The sewage is let in at the bottom of the first division;

then, passing up through the earth, it is conducted over and down to the bottom of the second, and so on through the third: so that all the liquid passes through three filters before it enters the waste-pipe. These filter-beds are practically a series of earth-closets, and the earth can be renewed as often as it is found necessary for sanitary reasons; and no doubt its value as a fertilizing agent will refund a considerable portion of the expense of its renewal.

It is to be hoped that the legislature will make an appropriation this year for building the contemplated extension of the rear centre. I think there can be only one opinion in regard to the necessity for it; and it is very desirable that it should be done at as early a day as possible. It is unnecessary for me at this time to set forth in detail all the reasons for it, as that was done so fully in the last Annual Report of the Superintendent. Not a day passes but that we feel the need of it in the want of more store room, work-rooms, rooms for the help, and last, but not least, to cut off the view between the male and female wings.

The finances of the Hospital are in a sound condition, as will be seen by the Report of the Treasurer, which shows a small cash balance in favor of the institution. The Treasurer's Report as made up indicates that the cost of each patient for the past year has increased somewhat. But it may be said, in explanation, that the apparent increase has resulted in part from the large amount which has been expended for construction and repairs, a considerable portion of which was for permanent improvements, which increased by so much the value of the real estate, and was not therefore strictly chargeable to the annual expense of maintaining the patients; and also from the great reduction of the average number of persons under treatment, by the transfer of 275 to the asylum at Worcester, as the expenditures could not be reduced at once in proportion to the decrease in the number of patients. Our outstanding bills have also been paid up more closely than they were at the beginning of the year, which makes our liabilities less. While this has rendered the present condition of the treasury more satisfactory, it has helped to increase the expenditures of the year, and of course the apparent cost of maintaining the patients.

The editors of "The Old-Colony Memorial," "The Gospel

Banner," and "The Buffalo Medical and Surgical Journal," have continued to send their papers gratuitously to the Hospital during the past year; for which kind remembrance they will receive our thanks and the gratitude of the many who read them. We are indebted to a few friends for entertainments in the chapel,—to Mrs. J. C. Bartlett and Mrs. J. Kittredge, for a very excellent piano-concert, which gave much pleasure to the patients and others present; and to Professor Bartlett of Bristol Academy, for a very entertaining and instructive lecture, with experiments, on oxygen; to Mr. Henry Tinkham, for assisting at our calisthenics with the violin; and Mr. Edward Nickerson, with the cornet. To the Bristol-County Agricultural Society, for free admission to many of our patients, who enjoyed much the opportunity of attending the fair, and to any other friends, unknown to us, who may have contributed by word or act to the happiness of any of our sick and unfortunate, we return thanks in their behalf.

There have been few changes among the subordinate officers during the year. Our housekeeper, Miss Church, by reason of ill health from long service, has had a vacation of four months; and, during her absence, the position of housekeeper was very satisfactorily filled by Mrs. G. N. Foster.

Miss Hersey, our Supervisor in charge of the female department, after an absence of fifteen months from the Hospital, has returned with improved health to her old field of labor, to which the patients and whole household were glad to welcome her. During her absence the duties of Supervisor were very successfully performed by Miss Marsh, who had been Assistant Supervisor for several years.

Mr. Charles Thompson has been very active and efficient in the discharge of his duties as Supervisor on the male side of the house, and merits a word of commendation.

During the somewhat extended vacation of Dr. Gage, the position of Second Assistant Physician was filled very efficiently by Dr. G. W. Foster, who had had several months' experience in the New-Hampshire Asylum for the Insane.

I am greatly indebted to Dr. Gage, who continues to discharge his duties as Assistant Physician with the same untiring interest in the welfare of the patients which has ever characterized his connection with the Hospital; and to our able and

efficient Clerk and Treasurer, Mr. Kittredge, for assistance kindly rendered me in entering upon the arduous duties of my position; to Dr. Hutchinson, for very efficient assistance in the care of the patients, which his increasing experience has enabled him to give, with much credit to himself; and to all the subordinate officers and many of the employees who have continued their services to the Hospital with unfailing interest.

To you, gentlemen of the Board of Trustees, I return my sincere thanks for the kind and cordial aid you have rendered me in the discharge of my duties. Your weekly visits, always pleasant, have enabled you to be of great assistance to the Superintendent in the management of the Hospital, besides the moral support they have given him. Relying upon the continuance of your wise counsel and the favor of our heavenly Father, we close the last leaf of the present, and cheerfully turn to the unopened page of the next year.

J. P. BROWN, *Superintendent*.

TWENTY-SIXTH ANNUAL REPORT
OF
THE TRUSTEES
OF THE
STATE LUNATIC HOSPITAL
AT
TAUNTON,

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Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

THE Trustees of the Taunton Lunatic Hospital, in submitting their Twenty-sixth Annual Report, have the satisfaction to state, that they think the institution to-day in better condition than at any previous time.

With the extension of the main building we shall be able to comfortably accommodate 550 patients. This extension is very much wanted, and we shall renew our application to the next Legislature for the needed appropriation for its erection. We have the plans already prepared, and estimate of the cost, amounting to \$35,000.

The improvements in the interior of the Hospital, as we stated in our last report as then in progress, have been nearly completed, giving us more rooms, largely increased ventilation, much more and better light, — adding largely to the cheerfulness and healthfulness of the halls and dormitories. The halls and dormitories have been freshly painted, new furniture has been added, and portions of the old buildings have been so thoroughly renovated that they can hardly be distinguished from the new and more modern ones.

The movement of the population of the Hospital during the year has been less than for many previous years. This has been due to its receiving but few patients from Boston or Suffolk County since the opening of the Hospital at Danvers.

At the beginning of the year there were in the Hospital 579 patients; 173 have been admitted since, and 193 dis-

charged; leaving, at the end of the year, 559. Of the 173 discharged, 48 were recovered — 24 men and 24 women.

The cause of the insanity of 18 of those admitted was the use of intoxicating liquor; and for many years intemperance has headed the list of exciting causes, showing that it is one of the most prolific sources of insanity.

Forty-eight persons have died — 28 men and 20 women, — which is a less number than for some years. The death-rate on the average number under treatment has been less than for many years, and exceedingly low, considering the many aged and feeble people who are admitted every year, and who constitute so large a proportion of the whole population.

The new laundry has been completed at a cost not exceeding the appropriation and estimate, and is entirely satisfactory.

Another year's trial has found that our sewer has accomplished all that it promised, and that we now have a thorough drainage of all the buildings. The filter-beds retain the solid substances, which are utilized as fertilizers, and the fluids are discharged into the river almost odorless and colorless.

The Chapel has been enlarged at a comparatively trifling expense, and can now accommodate all the patients who desire to attend the Sunday services.

We are now prepared to receive additional private patients, having fitted up excellent apartments for their use, so that they can be kept separate from the more public wards, and made quite as comfortable, and as well cared for, as in most of the more expensive private institutions.

Few afflictions are more sad than to have friends bereft of their reason, and certainly no institutions should be more generally appreciated and fostered than those whose peculiar province it is to take charge of and provide for this unfortunate class of persons.

The impression seems too generally to prevail, that at our hospitals patients are unjustly committed, unreasonably detained, harshly treated, and otherwise ill-used. These impressions are confirmed too often by being indorsed and strengthened by a class who profess to be philanthropists.

The Trustees are always ready to hear complaints from any respectable source; and our doors are always open to genuine philanthropists, conscious that the honest enquirer

will leave us with a firm conviction that there are no more deserving or efficient charitable institutions, and none more abused in this Commonwealth or the country, than those that have the care of the unfortunate insane.

The Trustees continue their weekly meetings at the Hospital. The wards are regularly visited; and they have ample opportunity to become familiar with the general management, and personally acquainted with a large portion of the patients.

No patient is retained or discharged without the assent of the Trustees, and no alterations or improvements are made without being first submitted to them and receiving their approval.

The Trustees regret very much the action of the last Legislature in reducing the price of board of State patients from \$3.50 to \$3.00 per week. It appears from the report of the Treasurer, that the actual cost of each patient, exclusive of what are named as extraordinary expenses, amounted to \$3.48 per week. The Trustees believe that \$3.50 per week is necessary for the proper care and maintenance of the patients. Indeed, they are of the opinion that a larger sum might be judiciously expended for the better protection and comfort of the inmates, and for affording increased facilities for their employment.

Many of the States which have hospitals for the insane, allow more than this sum, and, it is believed, few, if any, less. It is not in accordance with the spirit of liberality which has heretofore characterized this Commonwealth, to reduce the appropriation for the benefit of this unfortunate class to so low a point as that of last year. At the very time that Massachusetts was making this reduction, the neighboring State of Vermont found it necessary to advance her rates from \$3.00 to \$3.50 per week.

To our report is appended that of the Treasurer, showing the financial condition of the Hospital; and also that of the Superintendent, giving in detail the doings of the year, with the usual tables of statistics.

It gives us pleasure to state that the latter has performed to our entire satisfaction all the duties entrusted to him, showing excellent qualifications professionally, and remarkably good judgment, taste, and executive ability in the improvements and general management of the Hospital.

The Treasurer and other officials continue to merit the previous good accounts we have given of them. The Trustees take pride in the present condition of the Hospital.

If it is not already a model in its way, it will compare not unfavorably with its sister institutions, and, with the continued fostering care of the Commonwealth, very soon be second to none of them in its internal appointments and outside surroundings.

SAM'L L. CROCKER,
GEO. HOWLAND, JUN.,
WM. C. LOVERING,
SIMEON BORDEN,
LE BARON RUSSELL,

Trustees.

TAUNTON, Oct. 13, 1879.

LIST OF PERSONS

EMPLOYED AT THE TAUNTON LUNATIC HOSPITAL, SEPT. 30, 1879.

Superintendent and Physician	(per year)	\$2,500 00
Assistant Physician	"	1,500 00
Assistant Physician	"	900 00
Treasurer and Clerk	"	1,200 00
Supervisor (male)	"	500 00
Supervisor (female)	"	400 00
Housekeeper	"	300 00
Seamstress	"	200 00
Engineer	(per month)	83 33
Baker	"	30 00
Assistant Supervisor (male)	"	30 00
Assistant Supervisor (female)	"	25 00
Coachman	"	30 00
Gardener	"	25 00
Night-watch (male)	"	25 00
Night-watch (female)	"	18 00
Firemen (2)	"	25 00
Assistant Baker	"	25 00
Kitchen-hands (3)	"	25 00
Laundry-man	"	25 00
Laborers (3)	"	20 00
Stable-boy	"	8 00
Farm-hand	"	35 00
Farm-hand	"	23 00
Farm-hand	"	20 00
Attendants (male) (8)	"	25 00
Attendants (male) (4)	"	23 00
Attendants (male) (9)	"	20 00
Attendants (female) (17)	"	16 00
Attendants (female) (6)	"	14 00
Assistant Seamstresses (4)	(per week)	3 00
Laundress	"	4 00
Laundry-girls (9)	"	3 00
Cook	"	4 00
Kitchen-girls (6)	"	3 00
Kitchen-girl	"	2 50
House-attendant	(per month)	16 00
House-attendant	(per week)	3 00

INVENTORY OF STOCK AND SUPPLIES

ON HAND SEPT. 30, 1879.

Live-stock on the farm	\$2,705 00
Produce of the farm on hand	1,355 00
Carriages and agricultural implements	1,970 00
Machinery and mechanical fixtures	39,000 00
Beds and bedding in inmates' department	13,194 90
Other furniture in inmates' department	6,814 53
Personal property of the State in the Superintendent's department	10,258 51
Dry-goods	2,627 60
Provisions and groceries	1,763 25
Drugs and medicines	500 00
Fuel	4,500 00
Library	500 00
	<hr/>
	\$85,188 79

TREASURER'S REPORT.

I RESPECTFULLY submit the following Report of the finances of this institution for the year ending Sept. 30, 1879, to the Trustees:—

ASSETS.

134 acres of land, at \$200 per acre . . .	\$26,800 00
Hospital building	275,000 00
Brick barn and stable	8,000 00
Laundry building.	8,000 00
Other buildings and wall	7,000 00
	<hr/>
	\$324,800 00

Personal Estate.

Stock and supplies on hand, as per inventory appended to the Trustees' Report	85,188 79
Reserve fund	12,000 00
	<hr/>
	\$421,988 79

RECEIPTS.

Cash on hand Sept. 30, 1878	\$2,558 79
Received from the State Treasurer	24,808 48
from towns	74,196 11
from individuals	12,941 84
from sales	748 50
from interest	1,260 00
	<hr/>
	\$116,513 72

PAYMENTS.

1st. Salaries, wages, and labor	\$29,689 45
2d. Provisions and supplies; viz.,—	
Meat of all kinds	\$5,516 35
Fish of all kinds	1,482 41
Fruit and vegetables	3,261 48
Flour and bread	2,522 12
Grain and meal for table	322 04
Grain and meal for stock	1,078 90
	<hr/>
	\$14,183 30

Amounts carried forward	43,872 75
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10 LUNATIC HOSPITAL AT TAUNTON. [Oct.

<i>Amounts brought forward</i>	43,872 75
Tea, coffee, and broma	1,806 69
Sugar and molasses	.	.	.	.	3,596 80
Milk, butter, and cheese	.	.	.	.	6,889 83
Salt and other groceries	.	.	.	.	3,356 11
					<hr/> 15,649 43
					<hr/> \$59,522 18
3d. Clothing	.	.	.	.	6,809 95
4th. Fuel and light	.	.	.	.	8,454 75
5th. Medicines and medical supplies	.	.	.	.	1,313 76
6th. Furniture, beds, and bedding	.	.	.	.	9,165 16
7th. Transportation	.	.	.	.	1,037 66
8th. Ordinary construction and repairs	.	.	.	.	11,718 54
9th. Extraordinary construction and repairs	.	.	.	.	15,077 27
10th. Miscellaneous expenses	.	.	.	.	3,397 78
					<hr/> \$116,497 05
LIABILITIES.					
Salaries and wages due Oct. 1	.	.	.	.	\$3,549 83
Miscellaneous bills due	.	.	.	.	9,497 05
					<hr/> \$13,046 88
Due the institution for board Oct. 1, —					
From towns	.	.	.	.	\$16,989 06
State	.	.	.	.	5,133 27
individuals	.	.	.	.	3,856 62
Cash on hand Sept. 30, 1879	.	.	.	.	16 67
					<hr/> \$25,995 62
SUMMARY.					
Total receipts	.	.	.	.	\$116,513 72
Total payments	.	.	.	.	116,497 05
					<hr/> \$16 67
Total liabilities	.	.	.	.	\$13,046 88
Total debts due the institution	.	.	.	.	25,995 62
					<hr/> \$12,948 74
Current expenditures	.	.	.	.	\$116,497 05
Dividing this sum by 561, the average number of patients,					
we have, as the annual cost of each patient	.	.	.	.	207 66
And the average weekly cost of	.	.	.	.	3 99
Deducting from the current expenditures	.	.	.	.	\$116,497 05
The extraordinary construction and repairs	.	.	.	.	15,077 27
					<hr/> \$101,419 78

Dividing \$101,419.78 by 561, the average number of patients,
 we have annual cost of each patient \$180 79
 And the average weekly cost of 3 48

JOHN KITTREDGE, *Treasurer*.

TAUNTON LUNATIC HOSPITAL, Oct. 13, 1879.

The undersigned have this day examined the above account of the Treasurer, compared it with the vouchers, and find it correct.

SAM'L L. CROCKER.

GEO. HOWLAND, JUN.

FINANCIAL STATEMENT

OF THE APPROPRIATION MADE BY THE LEGISLATURE OF 1878, FOR
 BUILDING A NEW LAUNDRY.

Amount of appropriation	\$10,000 00
Oct. 16, 1878, received from State Treasurer .	\$7,254 84
Jan. 29, 1879, received from State Treasurer .	2,745 16
	<hr/> \$10,000 00

JOHN KITTREDGE, *Treasurer*

TAUNTON, Sept. 30, 1879.

SUPERINTENDENT'S REPORT.

To the Trustees of the Taunton Lunatic Hospital.

GENTLEMEN, — With the close of another Hospital year, I present for your consideration the Annual Report, including the usual and some additional statistical tables.

TABLE NO. 1.

	Men.	Women.	Totals.
Number of patients remaining Sept. 30, 1878	292	287	579
Number of patients admitted since Sept. 23, 1878	93	80	173*
Number of patients under treatment during the year	385	367	752
Number of patients discharged during the year	85†	60	145
Number of patients deceased during the year	28—113	20—80	48—193
Number of patients remaining Sept. 30, 1879	272	287	559

The average daily number under treatment was 561.

TABLE NO. 2.

Monthly Statement of Admissions, Discharges, and Deaths.

TIME.	Admissions.	Discharges.	Deaths.
September	17	15	0
October	14	17	3
November	13	10	8
Autumn	— 44	— 42	— 11

* Two women, two men re-admitted within the year.

† Including six by elopement.

TABLE No. 2 — Concluded.

TIME.						Admissions.	Discharges.	Deaths.
December						12	16	4
January						18	8	7
February						14	16	5
Winter						— 44	— 40	— 16
March						14	11	6
April						12	10	5
May						10	12	1
Spring						— 36	— 33	— 12
June						17	4	3
July						14	15	2
August						18	11	4
Summer						— 49	— 30	— 9
Totals						173	145	48

TABLE No. 3.

Condition of those Discharged.

	1879.			PREVIOUSLY.			Totals in Twenty- six Years.
	Men.	Women.	Total.	Men.	Women.	Total.	
Recovered	24	24	48	1,187	1,153	2,340	2,388
Improved	47	26	73	1,006	964	1,970	2,043
Unimproved	14	10	24	810	799	1,609	1,633
Died	28	20	48	659	577	1,236	1,284
Totals	113	80	193	3,662	3,493	7,155	7,348

TABLE NO. 4.
Character of Insanity.

	1879.			PREVIOUSLY.			Total in Twenty- six Years.
	Men.	Women.	Total.	Men.	Women.	Total.	
Mania . . .	62	46	108	2,035	1,993	4,028	4,136
Melancholia . .	8	16	24	462	661	1,123	1,147
Monomania . .	—	—	—	117	87	204	204
Dementia . . .	15	14	29	1,259	1,018	2,277	2,306
Congenital imbecility,	4	—	4	16	16	32	36
Paresis (since 1870) .	4	4	8	103	10	113	121
Not insane . . .	—	—	—	8	1	9	9
Totals . . .	93	80	173	4,000	3,786	7,786	7,959

TABLE NO. 5.
Duration of Disease before Admission.

	1879.			PREVIOUSLY.			Total in Twenty- six Years.
	Men.	Women.	Total.	Men.	Women.	Total.	
Less than 3 mos. . .	36	25	61	1,430	1,486	2,916	2,977
Between 3 and 6 mos.	8	10	18	399	422	821	839
6 and 12 mos.	7	7	14	432	349	781	795
1 and 2 yrs.	8	9	17	511	418	929	946
2 and 3 yrs.	10	6	16	298	242	540	556
3 and 4 yrs.	4	4	8	157	174	331	339
4 and 5 yrs.	2	3	5	124	123	247	252
5 and 10 yrs.	7	9	16	362	332	694	710
10 and 20 yrs.	4	5	9	199	181	380	389
Over 20 yrs. . .	7	2	9	88	59	147	156
Totals . . .	93	80	173	4,000	3,786	7,786	7,959

TABLE NO. 6.

Duration of Insanity before Admission in those Discharged Recovered.

	1879.			PREVIOUSLY.			Total in Twenty- six Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
Less than 3 months .	13	14	27	693	681	1,374	1,401
Between 3 and 6 mos.	2	3	5	116	131	247	252
6 and 12 mos.	3	2	5	69	71	140	145
1 and 2 yrs. .	3	—	3	50	48	98	101
2 and 3 yrs. .	2	2	4	35	23	58	62
Over 3 years . .	1	3	4	45	44	89	93
Totals . .	24	24	48	1,008	998	2,006	2,054

TABLE NO. 7.

Causes of Death in those Deceased.

	1879.			PREVIOUSLY.			Total in Twenty- six Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
Acute insanity . .	4	3	7	87	93	180	187
Chronic insanity .	8	1	9	—	—	—	9
Organic brain disease,	2	2	4	82	47	129	133
Paresis . . .	2	—	2	120	20	140	142
Paralysis . . .	1	—	1	31	20	51	52
Apoplexy . . .	2	4	6	64	39	103	109
Epilepsy . . .	3	1	4	30	16	46	50
Chorea . . .	—	—	—	1	1	2	2
Old age . . .	—	3	3	18	29	47	50
Phthisis . . .	2	3	5	81	129	210	215
Pneumonia . . .	1	—	1	5	12	17	18
Bronchitis . . .	3	—	3	—	—	—	3
Chronic bronchitis .	—	—	—	—	1	1	1
Congestion of lungs .	—	—	—	1	4	5	5
Disease of heart .	—	1	1	11	14	25	26

TABLE NO. 7—Concluded.

	1879.			PREVIOUSLY.			Total. in Twenty- six Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
Gastritis . . .	—	1	1	1	1	2	3
Diarrhœa . .	—	—	—	22	31	53	53
Dysentery . .	—	—	—	12	7	19	19
Disease of liver .	—	—	—	4	3	7	7
Cystitis . . .	—	—	—	2	1	3	3
Disease of kidneys .	—	—	—	—	2	2	2
Peritonitis . .	—	—	—	1	1	2	2
Strangulated hernia .	—	—	—	—	1	1	1
Suicide . . .	—	—	—	10	7	17	17
Inanition . . .	—	—	—	49	68	117	117
Fever . . .	—	—	—	14	5	19	19
Erysipelas . .	—	—	—	5	6	11	11
Gangrene . . .	—	—	—	1	5	6	6
Measles . . .	—	—	—	1	—	1	1
Variola . . .	—	—	—	1	—	1	1
Diphtheria . .	—	—	—	—	1	1	1
Pyaemia . . .	—	—	—	1	—	1	1
Carbuncle . . .	—	—	—	1	—	1	1
Cancer . . .	—	1	1	—	5	5	6
Serofula . . .	—	—	—	1	1	2	2
Burns . . .	—	—	—	—	1	1	1
Injury . . .	—	—	—	1	—	1	1
Necrosis . . .	—	—	—	1	—	1	1
Abscess . . .	—	—	—	1	2	3	3
Rheumatism . .	—	—	—	1	—	1	1
Strangulation by food,	—	—	—	1	—	1	1
Accidental drowning,	—	—	—	—	1	1	1
Totals . . .	28	20	48	662	574	1,236	1,284

TABLE No. 8.
Age of Patients Admitted.

	1879.			PREVIOUSLY.			Total in Twenty- six Yrs.
	Men.	Women.	Total.	Men.	Women.	Total.	
Between 5 and 10 yrs.	—	—	—	3	2	5	5
10 and 15 yrs.	—	—	—	21	19	40	40
15 and 20 yrs.	3	4	7	233	207	440	447
20 and 25 yrs.	12	6	18	485	481	966	984
25 and 30 yrs.	13	10	23	567	573	1,140	1,163
30 and 35 yrs.	15	10	25	549	557	1,106	1,131
35 and 40 yrs.	12	13	25	541	500	1,041	1,066
40 and 45 yrs.	10	6	16	432	402	834	850
45 and 50 yrs.	2	6	8	347	312	659	667
50 and 55 yrs.	10	8	18	275	234	509	527
55 and 60 yrs.	3	5	8	178	138	316	324
60 and 65 yrs.	5	4	9	157	129	286	295
65 and 70 yrs.	4	2	6	92	73	165	171
70 and 75 yrs.	3	1	4	59	67	126	130
75 and 80 yrs.	1	5	6	41	45	86	92
80 and 85 yrs.	—	—	—	17	31	48	48
Over 85 years . . .	—	—	—	3	16	19	19
Totals . . .	93	80	173	4,000	3,786	7,786	7,959

TABLE No. 9.
Occupation of Male Patients Admitted.

Laborers	1,034	Workers in leather . . .	287
Farmers and gardeners .	383	“ in wood	228
Seafaring men	364	“ in brick and stone .	104
Mill-operatives	155	“ in glass	4

TABLE No. 9—Concluded.

Hat and bonnet makers	11	Porters and waiters	57
Cigar-makers	19	Clerks	133
Painters	79	Dentists	4
Tailors	51	Clergymen	26
Butchers	20	Physicians	21
Bakers and cooks	22	Lawyers	15
Printers	27	Editors	2
Brewer	1	Soldiers	32
Paper-hanger	1	Artists	7
Drivers, hostlers, &c.	86	Actors and musicians	12
Insurance agents	3	In school	74
Traders	199	Book-binder	1
Workers in iron	223	Auctioneers	2
“ in silver and gold	33	Cooper	1
“ in tin, copper, and		Sailmaker	1
lead	23	Ropemaker	1
Engravers	8	Undertaker	1
Engineers	8	Druggist	1
Barbers	22	No occupation	202
Gaugers	2	Unknown	60
Weigher	1		
Police and watchmen	11	Total	4,093
Hotel and saloon keepers	31		

TABLE No. 10.

Civil Condition of all Persons Admitted.

	1879.			PREVIOUSLY.			Total in Twenty-six Years.
	Men.	Women.	Total.	Men.	Women.	Total.	
Married	39	41	80	1,685	1,548	3,233	3,313
Single	44	24	68	2,085	1,616	3,701	3,769
Widowed or divorced,	7	15	22	187	610	797	819
Unknown	3	—	3	43	12	55	58
Totals	93	80	173	4,000	3,786	7,786	7,959

TABLE No. 11.

Nativity of all Persons Admitted.

	1879.			PREVIOUSLY.			Total in Twenty- six Years.
	Men.	Women.	Total.	Men.	Women.	Total.	
United States . .	66	50	116	2,183	1,727	3,910	4,026
Ireland . . .	19	21	40	1,224	1,639	2,863	2,903
England . . .	3	7	10	157	115	272	282
British Provinces .	2	1	3	120	158	278	281
Germany . . .	1	—	1	144	71	215	216
Scotland . . .	—	—	—	33	25	58	58
Portugal . . .	—	—	—	22	7	29	29
Italy . . .	—	—	—	19	3	22	22
Sweden . . .	—	—	—	7	17	24	24
France . . .	—	—	—	17	5	22	22
Denmark . . .	—	—	—	9	2	11	11
West Indies . .	—	—	—	10	1	11	11
Spain . . .	—	—	—	8	2	10	10
Switzerland . .	—	—	—	6	1	7	7
Holland . . .	—	—	—	5	—	5	5
Asia . . .	—	—	—	4	—	4	4
Russia . . .	—	—	—	4	3	7	7
Wales . . .	—	—	—	1	1	2	2
Africa . . .	—	—	—	3	1	4	4
Turkey . . .	—	—	—	2	—	2	2
Sandwich Islands .	—	—	—	2	—	2	2
Western Islands .	2	—	2	3	2	5	7
Brazil . . .	—	—	—	1	—	1	1
Unknown . . .	—	1	1	16	6	22	23
Totals . . .	93	80	173	4,000	3,786	7,786	7,959

TABLE No. 12.

Assigned Causes of Insanity.

	1879.			PREVIOUSLY.			Total in Twenty- six Years.
	Men.	Women.	Total.	Men.	Women.	Total.	
Intemperance . . .	14	4	18	766	246	1,012	1,030
Ill health . . .	5	8	13	210	715	925	938
Masturbation . . .	6	—	6	360	22	382	388
Domestic trouble . .	—	7	7	75	224	299	306
Religious excitement,	1	1	2	122	132	254	256
Epilepsy . . .	1	—	1	194	114	308	309
Puerperal . . .	—	6	6	—	262	262	268
Injury . . .	5	1	6	137	37	174	180
Pecuniary trouble . .	3	2	5	145	24	169	174
Loss of friends . . .	1	—	1	35	111	146	147
Brain disease . . .	3	5	8	149	53	202	210
Disappointment . . .	1	1	2	37	99	136	138
Hard work . . .	1	2	3	63	64	127	130
Sunstroke . . .	2	—	2	96	6	102	104
Old age . . .	5	6	11	33	80	113	124
Congenital . . .	3	2	5	21	31	52	57
Fright . . .	—	1	1	12	31	43	44
Hard study . . .	—	1	1	34	9	43	44
Use of narcotics . . .	—	—	—	19	16	35	35
Want of employment,	1	—	1	34	9	43	44
Ill treatment . . .	—	—	—	2	20	22	22
Jealousy . . .	—	—	—	12	11	23	23
Seduction . . .	—	—	—	—	19	19	19
Home-sickness . . .	—	—	—	4	13	17	17
Exposure . . .	1	—	1	14	2	16	17
Venereal . . .	—	—	—	7	5	12	12
Excitement . . .	—	—	—	6	1	7	7
Healing of ulcer . . .	—	—	—	1	2	3	3
Light reading . . .	—	—	—	—	2	2	2
Bad education . . .	—	—	—	1	1	2	2
Obsession . . .	—	—	—	1	—	1	1
Imprisonment . . .	—	—	—	2	—	2	2
Menopause . . .	—	4	4	—	—	—	4
Unknown . . .	40	29	69	1,408	1,425	2,833	2,902
Totals . . .	93	80	173	4,000	3,786	7,786	7,959

TABLE No. 13.

Age at which Insanity Appeared.

	1879.			PREVIOUSLY.			Total in Twenty- six Years.
	Men.	Women.	Total.	Men.	Women.	Total.	
Under 5 years . . .	—	—	—	48	28	76	76
Between 5 and 10 yrs.	—	—	—	23	25	48	48
10 and 15 yrs.	1	—	1	67	52	119	120
15 and 20 yrs.	10	7	17	330	295	625	612
20 and 25 yrs.	17	15	32	572	558	1,130	1,162
25 and 30 yrs.	8	7	15	571	670	1,241	1,256
30 and 35 yrs.	20	12	32	572	530	1,102	1,134
35 and 40 yrs.	10	11	21	498	465	963	984
40 and 45 yrs.	8	3	11	371	339	710	721
45 and 50 yrs.	3	8	11	303	276	579	590
50 and 55 yrs.	6	5	11	205	150	355	366
55 and 60 yrs.	4	3	7	164	124	288	295
60 and 65 yrs.	2	2	4	112	89	201	205
65 and 70 yrs.	3	3	6	74	66	140	146
70 and 75 yrs.	1	3	4	39	42	81	85
75 and 80 yrs.	—	1	1	21	34	55	56
Over 80 years . . .	—	—	—	6	24	30	30
Unknown . . .	—	—	—	24	19	43	43
Totals . . .	93	80	173	4,000	3,786	7,786	7,959

TABLE No. 14.

Last Residence of Patients.

	1879.			PREVIOUSLY.			Total in Twenty- six Years.
	Men.	Women.	Total.	Men.	Women.	Total.	
Suffolk County . . .	5	4	9	2,000	2,086	4,086	4,095
Bristol County . . .	41	40	81	703	578	1,281	1,362
Norfolk County . . .	19	18	37	479	349	828	865
Plymouth County . . .	14	12	26	286	262	548	574
Essex County . . .	1	—	1	113	151	264	265
Middlesex County . . .	—	3	3	146	128	274	277
Barnstable County . . .	8	3	11	98	72	170	181
Dukes County . . .	3	—	3	32	18	50	53
Nantucket County . . .	2	—	2	20	10	30	32
Worcester County . . .	—	—	—	3	6	9	9
Franklin County . . .	—	—	—	2	2	4	4
Worcester Hospital . . .	—	—	—	110	109	219	219
Other States . . .	—	—	—	8	15	23	23
Totals . . .	93	80	173	4,000	3,786	7,786	7,959

TABLE NO. 15.

*By whom Supported when Admitted.**

	1879.			PREVIOUSLY.			Total in Twenty- six Years.
	Men.	Women.	Total.	Men.	Women.	Total.	
By State . . .	38	34	72	2,388	2,351	4,739	4,811
Towns . . .	49	41	90	1,191	989	2,180	2,270
Individuals . .	6	5	11	421	446	867	878
Totals . . .	93	80	173	4,000	3,786	7,786	7,959

TABLE NO. 16.

Previous Hospital Residence.

	1879.			PREVIOUSLY.			Total in Four Years.
	Men.	Women.	Total.	Men.	Women.	Total.	
First residence, as far as known, in any hospital . . .	62	55	117	567	555	1,122	1,239
Previous residence in this hospital . .	29	22†	51‡	168	175	343	394
Previous residence in other Massachu- setts hospitals .	2	2	4	28	40	68	72
Previous residence in other hospitals out of State . . .	—	1	1	18	16	34	35
Totals . . .	93	80	173	781	786	1,567	1,740

TABLE NO. 17.

Complications in those admitted in the Year.

	Men.	Women.	Total.
Hereditary predisposition	14	12	26
Homicidal impulse	22	6	28
Suicidal impulse	11	16	27
Paralysis	—	3	3
Epilepsy	3	1	4
Totals	50	38	88

* Remaining in hospital Sept. 30, 1879: Town, 378; State, 126; individuals, 55.

† Of this number, 1 has been in hospital in another State.

‡ Of this number, 4 have been in other hospitals in this State.

TABLE No. 18.

The Number of the Attack in those admitted in the Year.

	Men.	Women.	Total.
First	63	58	121
Second	15	13	28
Third	8	5	13
Fourth	2	2	4
Fifth	—	2	2
Sixth	4	—	4
Twelfth	1	—	1
Totals	93	80	173

TABLE No. 19.

Ages at the Time of Death.

	Men.	Women.	Total.
Between 10 and 20 years	—	1	1
20 and 30 years	1	—	1
30 and 40 years	8	5	13
40 and 50 years	6	1	7
50 and 60 years	4	4	8
60 and 70 years	8	2	10
70 and 80 years	1	3	4
80 and 90 years	—	3	3
90 and 100 years	—	1	1
Totals	28	20	48

TABLE No. 20.

Ages of those Remaining in Hospital at end of Year.

	Men.	Women.	Total.
Between 10 and 20 years	6	6	12
20 and 30 years	77	33	110
30 and 40 years	71	84	155
40 and 50 years	51	51	102
50 and 60 years	37	59	96
60 and 70 years	15	30	45
70 and 80 years	14	19	33
80 and 90 years	1	5	6
Totals	272	287	559

TABLE NO. 21.

Remaining at the end of Year. — Prospect.

	Men.	Women.	Total.
Curable (apparently)	31	52	83
Incurable (apparently)	241	235	476
Totals	272	287	559

TABLE NO. 22.

Number with Suicidal Propensity under Treatment during the Year.

	Men.	Women.	Total.
In hospital at beginning of year	12	20	32
Admitted during the year	11	16	27
Totals	23	36	59

TABLE NO. 23.

Number of Admissions to this Hospital of those admitted during the Year.

	Men.	Women.	Total.
Admitted the first time	64	58	122
the second time	15	15	30
the third time	7	5	12
the fourth time	4	—	4
the fifth time	—	2	2
the sixth time	2	—	2
twelfth time	1	—	1
Totals	93	80	173

TABLE NO. 24.

Number recovered from Previous Insanity, in those recovered in the Year.

	Men.	Women.	Total.
From one attack	3	4	7
two attacks	—	1	1
three attacks	—	2	2
Totals	3	7	10

There were on the register of the Hospital at the beginning of the year, 579 patients — 292 men and 287 women. During the year, 173 have been admitted — 93 men and 80 women; 193 have been removed — 113 men and 80 women; leaving in the Hospital at the end of the year, 559. The whole number under treatment has been 752, of whom 385 were men, and 367 women. The daily average under treatment has been 561. Two men and two women have been re-admitted during the year, which reduces to 169 the number of persons admitted. Of the 173 patients admitted, 30 were second admissions, 12 third admissions, 4 had been here four times, 2 five times, 2 six times, and 1 twelve times. It will be seen, by examination of the table showing the condition of those discharged, that 48 were recorded recovered, which is 24.08 per cent of the whole number discharged; 73 were more or less improved; 24 unimproved; and 48 died. Of those discharged recovered, 38 were first admissions to this Hospital, 7 had previously recovered from one attack, 1 from two attacks, and 2 from three — making 10 who had previously recovered from one or more attacks.

By reference to the table of duration of insanity before admission, it will appear that 112 of the 173 admitted were chronic cases when they entered the Hospital, and, by inference, the larger per cent of them incurable. This, of course, has an important bearing on the percentage of recoveries as based on the number of admissions. It also appears that 61 persons were certified by their friends or examining physicians to have been insane less than three months before admission, and would, therefore, be termed recent cases. This

is a larger percentage of the whole number admitted than has been shown for several years, and would be an encouraging indication that earlier admissions were being made to the Hospital, were not our confidence in the accuracy of the statistics lessened by knowledge of the fact, which is evident in some cases from the condition of the patients on entrance, that the disease has continued longer than three months: as notably in one case recently admitted, of advanced paresis, whose duration of insanity on the committal papers was given as two weeks, but which could not have been less than six, and more probably nine or twelve, months. But assuming that the statistics of one year are as accurate as those of another, there being the same liability of error in each, we have had, during the past year, a considerable increase of admissions of recent cases, which is certainly gratifying, and should be productive of good results.

It will be seen by reference to Table 14, which shows the last residence of patients, that Bristol County now sends to the Hospital the highest number, Norfolk County the next, and Plymouth the third in number. This has affected very materially the percentage of American-born in the Hospital. While patients were being received from Suffolk County, about one-half of the whole number admitted were native Americans, but during the past year the ratio has increased to two-thirds of the whole number. If this should continue, and I see no reason why it may not, it will produce a marked change in the character of the inmates.

The relative proportion of State and town patients has also changed, as appears from Table 15. The number of State patients committed during the year preceding the last exceeded those supported by the towns by 57; while, during the past year, the town patients have exceeded those supported by the State by 18. It might seem, from the same table, that the number supported by individuals has decreased, but in this the table is calculated to mislead, without some explanation, as it really only shows from what source the support is paid to the Hospital, and in no wise indicates the number of private patients or paupers. The support of a large number of those classed as town patients on our register is ultimately paid to the towns by the patients themselves or their friends, the towns simply acting as agents in committing and

paying the Hospital for their support. The present law in regard to committals rather favors this state of things, as no private patient can now be admitted on a private bond. But a town, acting as agent, does not in any sense constitute the patient a pauper. The number of this class now in the Hospital I am not able to determine.

The whole number of deaths during the year was 48, which is 28 less than last year. The rate of mortality on the whole number under treatment has been 6.3 per cent; on the average number under treatment, 8.5 per cent. The preceding year it was 6.2 per cent on the whole residence, and 12.4 per cent on the average number, which is considerably above that of this year. The largest number of deaths occurred in persons between the ages of 30 and 40 — the period of life at which the largest number become insane. Eighteen deaths occurred in persons over 60 years of age, four in persons over 80, and one at the advanced age of 92. Acute insanity was the cause of death in seven. One young woman died the third day after her admission. She had been insane three months before coming to the Hospital, actively excited and suicidal, and for several days had taken no food. After her admission food was given her at once, and every effort made to save her, but without avail. The disease steadily advanced, and she died the third day. Eight were worn out from exhaustion of chronic insanity. Four, from want of more definite knowledge of the special lesion, were recorded as having died from organic brain disease. Two died from the progressively-fatal disease — general paralysis. Phthisis, the disease to which the insane are so prone, claimed five victims — a larger number than the preceding year. Six died from apoplexy. Two from epilepsy. Four from bronchitis, supervening upon exhaustion from chronic insanity. One from pneumonia. Three old ladies, the sum of whose ages exceeded two hundred and fifty years, seemed entitled to the worthy distinction of having died from old age. No epidemic has appeared among us during the year, and the Hospital has been remarkably exempt from the usual diseases of the community, a fact which speaks well for its hygienic condition.

Before leaving this part of my report it may not be unfitting to recall to memory more definitely one patient who has

passed from us during the year. The name of Isaac Bailey, it seems to me, is entitled to more than the usual record among the number of deceased. He had been known to some of you for many years, both as a patient, and painstaking laborer for the Hospital, — having been employed as a carpenter during the remissions from his repeated attacks of insanity. He was a good workman, — conscientious and faithful, — never permitting a piece of work to leave his hand that was not well done. He regarded the Hospital as his home, and had no desire to leave it. At his death his account at the savings-bank showed a handsome balance in his favor, — all the proceeds of his labor while here. As an example of patient industry and frugality, few have excelled him. Measured by its results, in the light of the difficulties under which he labored and suffered, his life, though mostly spent as a patient in a lunatic-hospital, was a grand success, and a noble example to other afflicted ones.

It is with mingled feelings of pleasure and gratitude, that we are able to report that no suicide, or serious injury of one person by another, has occurred within the year; and the reason for this feeling will be more apparent when the large number of suicidal and homicidal persons under treatment is considered. At the beginning of the year there were in the Hospital thirty-two patients with suicidal propensity more or less active; and, during the year, twenty-seven were admitted in whom the impulse was a prominent symptom, — several of them having come to the Hospital suffering from self-inflicted wounds made with the intention of destroying their lives. When to this number are added twenty-eight in whom the homicidal impulse existed, a more intelligent estimate can be formed of the difficulties of guarding against accident in a large hospital for the insane.

The same agents and methods in the so-called moral treatment have been employed as in former years, but increased prominence has been given to some of them which have seemed to be most useful. Believing exercise in the open air to be one of the best curative agents for many of the insane, we have made effort during the year to increase the amount of walking, and with a good degree of success. Nearly all the men, and a large percentage of the women, have taken walks daily, when the weather would admit of it,

and many twice a day. The inactive and sluggish, who would prefer to remain on the halls, have been firmly but kindly and persistently urged to go out; and, in some cases, it has been found necessary to assist them as far as the door in the first instance, but rarely a second time. There is no more healthful exercise for the insane than walking; and the grounds of the Hospital, being early free from mud in the spring, and amply shaded from the extreme heats of summer, are excellently well adapted to it. Those of the male patients who are physically able, and whose mental state admit of it, have extended their walks outside of the Hospital grounds, varying the direction from time to time to break the monotony and present new scenery to awaken and sustain their interest in going out. The airing-courts have been used once a day,—the regulation having been to walk in the forenoon and occupy the airing-courts in the afternoon, or *vice versa*, whichever was more convenient. Airing-courts connected with hospitals have become almost universal in this country, and, no doubt, are beneficial, if properly used; but, if made substitutes for walking for those who are able to take that exercise, a lesser good is substituted for a greater. Besides the usual walking under the supervision of attendants, a considerable number of patients—about forty men, and, for obvious reasons, a less number of women—have had unlimited parole of the Hospital grounds. Since the 1st of May, in addition to the two open centre wards, the doors of one of the male wards on the first floor have been kept open during the day, its occupants going in and out at their pleasure,—the patients having been carefully selected with reference to their reliability and self-control. The result so far has been very satisfactory. We have been careful not to incur too great risks, always bearing in mind that the insane demand and are entitled to protection at our hands, no less than the greatest liberty compatible with their safety and highest welfare.

In the same line of treatment have been our efforts to give the male patients more employment on the farm. Since the 1st of May one out-door attendant, and sometimes two, have been employed, whose duty has been to take out the patients, to work with and care for them, restraining any who would overwork, and encouraging any who need it.

They have done various kinds of work, such as planting, hoeing, waging war with the potato-bugs, helping get the hay, and, later in the season, clearing up the underbrush and leaves in the woods. All have enjoyed it, and in some cases the results have been very gratifying. Excitement has been allayed, the sleepless have been made to sleep, and the restless and discontented have been made quiet and contented. Whether it has been profitable, pecuniarily, I am not able to say; but I am confident of its success as a remedial agent, and only wish our limited means would enable us to multiply our out-door attendants.

For in-door amusement and mental recreation, the usual number and variety of evening entertainments in the Chapel have been continued, consisting of readings, gymnastic exercises, musical entertainments, the Friday evening social party, and views with the stereopticon, which have been much improved by the new instrument in the hands of our engineer, Mr. Godding.

REPAIRS AND IMPROVEMENTS.

The improvements in the old front wings, which were projected a year ago, have been prosecuted through the year, and are now substantially completed. The work was commenced in the early autumn by removing the small windows in the rear, and putting in an increased number of larger windows. The large rooms on the north side were divided by brick walls, carried up from the basement, making twice the number of smaller rooms, each lighted by a single window of ample size. Transoms were made over all the doors, and new floors of the best selected hard-pine were laid on the two upper halls. The wooden partitions between the rooms, which had been thoroughfares for the rats for many years, were taken away, and replaced by brick walls. At the same time, the unsightly projections of the rooms formerly occupied by the attendants, were removed, and walls of brick built, flush with the old walls, with heating and ventilating flues, thus making the side of the hall one continuous line, and allowing the light to come in from the end windows without obstruction. By these changes the æsthetic appearance of the halls is much improved, and the results sought for, to introduce more light, improve the ventilation, and secure more single rooms,

have been accomplished. The dining-rooms of the east wing have been divided, as were those of the west wing last year, giving us three reception-rooms, in which the female patients receive their friends on visiting-days. These rooms on both sides of the house have recently been fitted up with tasteful and substantial furniture, and are much enjoyed by the friends of the patients. The dining-rooms are now sufficiently large, and much more cosy and pleasant than before the reception-rooms were taken from them. A new elevator for lifting clothing and baggage from the basement to the several halls and attic, has been built east of the rotunda, uniform with the one built on the west side last year. The present entrance into each of the front halls, through the ample vestibule, reception-room, and dining-room, is very pleasant, and a great improvement on the old entrance.

The changes in the centre ward on the east wing, which were referred to in the last annual report, have been completed, and we have now on that side of the house nine rooms, three on each floor, isolated from the main halls, each suite consisting of one parlor or sitting-room, two sleeping-rooms, water-closet, and bath-room. These rooms can be entered from the centre or from the main halls, and can be used as a part of the latter, or separate, as may be desired. They will be very convenient and suitable for patients who need more quiet than can be had on the large halls, and for those who can have the liberty of the Hospital grounds. They will also be very well adapted to the wants of the sick. In any hospital it is very desirable to have some rooms easy of access from the office, where, if necessary, the sick can be cared for distinct from the other inmates, and where their immediate relatives can, if they wish, visit, or remain with them without coming into contact with the other patients. The construction of most hospitals forbids this; but when it can be done, nothing contributes more to the happiness of patients and their friends, as has been evident in one or two instances during the past year.

Some changes have been made in the administration-rooms in the centre which may be worthy of mention. The room which was formerly used for the 'Trustees' and Superintendent's office has been made into a dining-room for the officers. Its location is very convenient for that purpose, being

on the same floor with the rooms occupied by the Superintendent's family, and connected with the kitchen below by an elevator.

The office of the Superintendent and Trustees has been removed to the first floor, which makes it easier of access for daily business and more accessible for public visitors.

Early in the autumn of last year, the sleeping-rooms in the rear centre, occupied by the kitchen and farm help, were built over, and heat by steam introduced into the corridor which divides the rooms on either side. They are now as pleasant and comfortable as any class of rooms for the same purpose in the Hospital.

Considerable painting has been done in the halls during the year; and all the wood-work of the outside of the building was painted last autumn.

Some grading, which furnished work for many of the male patients, has been done in the rear of the building, and walks of concrete and gravel made. The rest of the ground has been laid down to grass, the sandy soil having been prepared for it by covering it with loam. The green grass already growing is giving it a cheerful appearance.

In connection with the changes in the rear of the building, the old airing-court for women has been discontinued, the fence having been removed and a new one built for the same class of patients in a more appropriate location east of the female wings.

The contemplated change and practical enlargement of the Chapel, which has been alluded to in former reports, is now in process of completion. The platform will be about twenty five by eighteen feet. When completed the Chapel will be sufficiently large for all purposes, and the means will be materially increased for giving more variety to our evening entertainments.

In laying out the work it was found necessary to take off twelve feet from the sewing-room, in order to get sufficient space to carry the stairs to the attic. The sewing-room still remains of liberal size, about thirty-eight by thirty-five feet. It is well lighted, has two ample store-rooms, fitted up with drawers and shelves, opening out of it, and wash-room and water-closet. As newly finished, it is one of the most

pleasant rooms in the Hospital, and no doubt its social, cheery aspect will attract to it a large number of willing workers.

Some alterations and repairs have been made in the stable, which have rendered it more convenient and comfortable for all purposes. With exception of the room for the carriages, which is too small for the number of vehicles used by the Hospital, the stable is now in good condition.

The steam-boilers have been thoroughly repaired, one of them entirely re-tubed, and we hope to run them another year, and perhaps longer, with safety. It may soon become necessary to replace one or more of them with new boilers, and perhaps add another to the number now in use. It would be more safe, as well as economical, to have an extra boiler which could be used in case of accident to any one of the others, and would insure warming the Hospital with more ease in the coldest weather.

The waste-pipe of the filter-beds has been extended, and now delivers the filtered sewage into the bed of the river at a point where the water at all seasons of the year is in motion, so that it will be carried off without any delay. Since this was done, no odor can be detected at the place of delivery when the river is at the lowest point which it ever reaches during the warm season. The filter-beds are doing all that was expected of them, and may be regarded as successful. The earth through which the sewage is filtered has been changed once in two weeks during the summer, and a large quantity of it has accumulated, which will be used this autumn for fertilizing purposes to enrich the fields as top-dressing.

FINANCE.

The finances of the Hospital at the close of the year were in their usual sound condition, as may be seen by the report of the Treasurer. The annual and weekly cost of each patient has been less than it was the preceding year.

IMPROVEMENTS NEEDED.

Although much has been done to improve the old wards and other portions of the building, other things of not less importance remain to be done. It will be some time before

you can write *finis* to your work, if, indeed, it can ever be done in a hospital.

The attics cannot too soon be divided with brick walls and iron doors, or doors of wood covered with tin, if they are better, isolating the several wings as a protection against fire. I think this was intended to be done some years ago, but was deferred for the time from pressure of other work. And you have not given up the idea of seeing very soon the rear centre extended, the necessity for it, which still continues, having been fully explained in former reports.

ACKNOWLEDGMENTS.

As usual for several years, the editors of "The Old Colony Memorial," "The Gospel Banner," "The Daily Mercury," "The Buffalo Medical and Surgical Journal," have sent their papers gratuitously to the Hospital, for which thanks are due. Several fine musical entertainments have been given in the Chapel by friends from the city, for which we are greatly indebted to Mr. John E. DeBlois and the ladies and gentlemen who assisted him. Mrs. J. E. Bartlett, Miss Sampson, and Mrs. J. Kittredge gave an entertaining vocal and piano concert which was greatly appreciated. Mr. William C. Lovering, one of our Trustees, gave us two very excellent readings, interspersed with songs, which highly interested and entertained his audience—Mr. A. E. Swasey assisting at one of them. Other friends have remembered us in appropriate gifts. Charles Taber & Co. of New Bedford presented to the Hospital, through the kindness of Mr. George Howland, jun., Trustee, a large collection of beautiful pictures, which have since been framed, and now adorn the rooms and walls of several wards, greatly increasing their attractive and cheerful appearance.

Our thanks are due to the Misses Cutler and Mr. and Mrs. Wilson, for singing at one of our Chapel services on the sabbath; to Mr. R. D. Godding for a fine steel-engraving. The Bristol County Agricultural Society will receive thanks for its thoughtful kindness and liberality in extending free admission to its grounds to the residents and inmates of the Hospital,—many of whom highly enjoyed attending the fair. I must not forget to mention the kind gift of a former patient, who has since returned to us, for sending to the in-

mates of the institution two barrels of nice pears; nor the unknown friend of the insane, who, perhaps in remembrance of the injunction, "Do not thine alms before men," has sent, now for the second year, papers and magazines to "The patients of the Hospital."

No change has taken place in the staff of subordinate officers. To all in their several spheres who have given good service to the institution, and to many of the attendants and employés who have been faithful in the discharge of their often trying duties, my thanks are cheerfully rendered. To all my associates in office who have labored with me in the work of the year and rendered efficient service to the Hospital, I am under especial obligation.

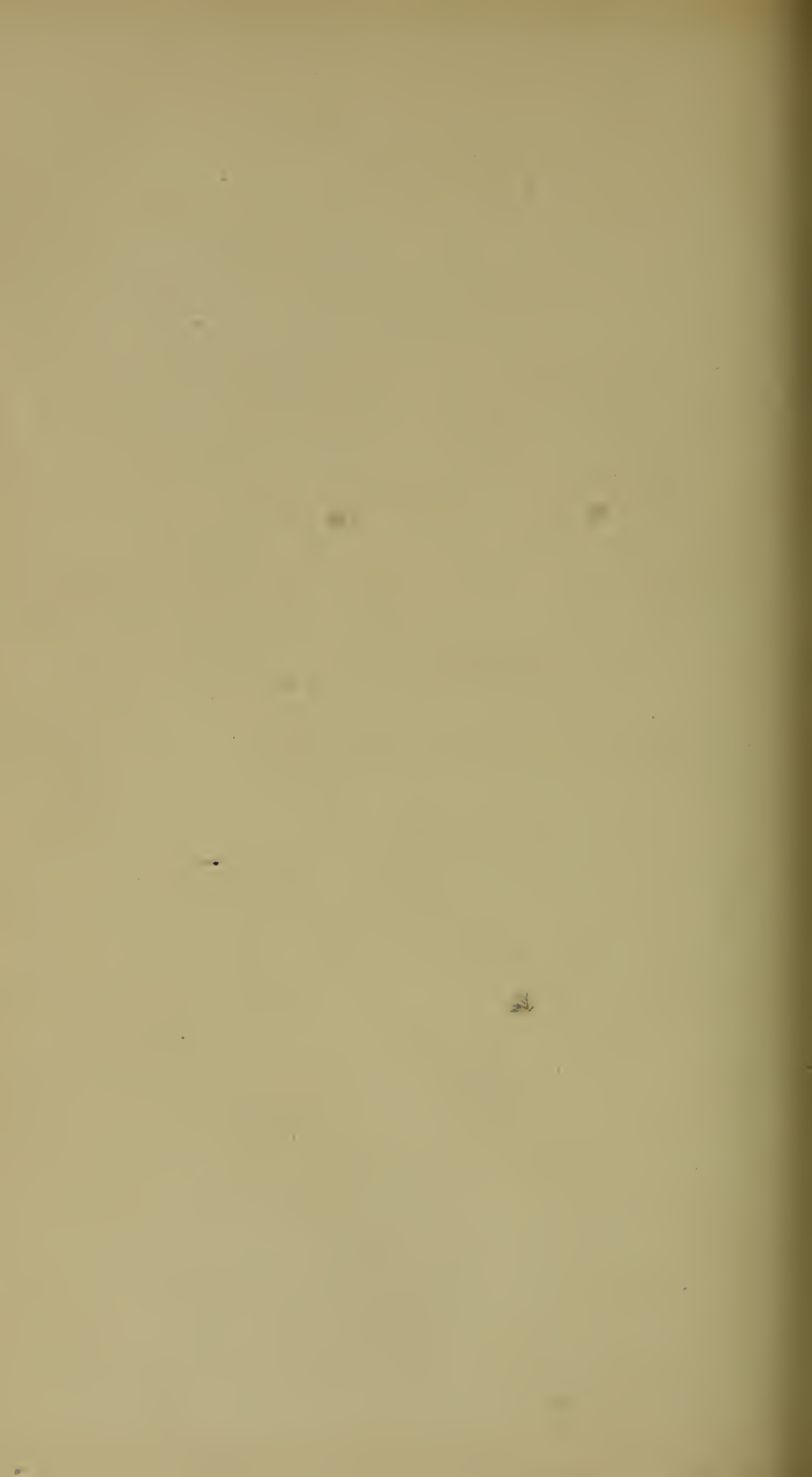
It is a pleasant duty to express to you, gentlemen, my high appreciation of your kindness and sympathy, as well as the cordial aid and support you have given me during the year now closed.

You have given your valuable time to the Hospital,—some of you for many years,—as is shown by the record of your weekly visits, with no other recompense than the gratification which comes to you from seeing this great charity prosper under your hands. Invoking the protecting care of our Heavenly Father upon the Hospital and all its interests for the year upon which we have now entered, I close this report.

J. P. BROWN, *Superintendent.*

TWENTY-SEVENTH ANNUAL REPORT
OF
THE TRUSTEES
OF THE
STATE LUNATIC HOSPITAL
AT
TAUNTON,
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Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor, and the Honorable Council.

THE Trustees of the State Lunatic Hospital at Taunton, in presenting their Twenty-seventh Annual Report, feel gratified in being able to state that the institution has, during another year, under the watchful care and direction of its worthy and efficient superintendent, Dr. J. P. Brown, seconded by his able assistants, Drs. Gage and Hutchinson, successfully accomplished the beneficent purpose for which it was designed; viz., the amelioration and improvement, and if possible the restoration to health and to a sound mind, of the unfortunates committed to its care.

The hygienic condition of our large family is and has been very satisfactory: we have been favored with exemption from any form of epidemic; the number of deaths has been less than for many years, which, we flatter ourselves, has been the result of our thorough system of sewerage adopted two years since, together with our much improved means of ventilation, the result of changes introduced from time to time through a series of years, and now nearly or quite accomplished.

Of those who have died, two — one woman and one man — had been for many years inmates of the hospital. The woman came to us on the opening of the hospital, twenty-six years ago, her number on our record of admission being 34. She had been an inmate at Worcester some twenty years

previously. The man's record of admission was 405,* he having been with us for more than twenty-five years. Both of these were decided cases of insanity, the former having been very full of delusions, and the latter, for long periods together, laboring under acute mania.

In taking a retrospective view of the long residence of these persons in this institution, who can fully estimate the benefit conferred, if not successfully upon the parties themselves, upon their friends, in the satisfaction they must have experienced in realizing that those who were in greater or less degree dependent upon them were well cared for, and made as comfortable as their condition was susceptible of, in an institution like ours, which, with its sister institutions, has been provided by the liberality of the Commonwealth?

During the year we have accomplished a purpose which we have long entertained, of dividing our attics (which previously were unbroken from one end to the other of our original house, placing us, as we apprehended, in very great danger in case of fire) by nine brick walls, starting from the termini of the partition-walls of the halls at the floor, and reaching to the under side of the roof, with a narrow door in each, covered on either side with tin. We have introduced, and connected with the tanks in the attic, water from the city water-works, which, in addition to our previous supply, gives us an unlimited amount of this necessary article for all purposes, including the contingency before referred to: the minimum quantity of water required for the ordinary daily use of the hospital we estimate at something over forty thousand gallons. We have enlarged the carriage-house connected with the stable, which had become so crowded by the necessary increase of carriages of various kinds as to be very inconvenient; and have also raised the roof of the coal-house, by which we gain some needed additional rooms for storage purposes.

The legitimate wear and tear of a structure appropriated to the purpose for which this institution is devoted, involves an almost incredible amount of repairs; and, as it has always been our aim and practice to keep the buildings and every thing connected with them, including the furniture, in good order, we have, since our last Report, laid new floors in three

* The number of admissions to Sept. 30 was 8,149.

of the halls, painted and otherwise renovated several others, making their appearance attractive and agreeable; have added much new furniture, largely of our own manufacture, and are now engaged in painting some parts of the exterior of the hospital.

We had, at the beginning of the year (Oct. 1, 1879), 559 patients. We have since received 190, and have discharged, including deaths, 193; leaving us Sept. 30, 1880, 556. For a detailed statement of admissions and discharges, and much other interesting matter, see Superintendent's Report.

As the need for the extension of our centre building continues as great as we have represented in the last three of our reports, we would again respectfully call the attention of the Legislature to the fact, and urge upon it the propriety of making the necessary appropriation to enable the Trustees to accomplish the object, the estimate for which we place at \$30,000.

From the fact that the number of patients which we have had under treatment for some years has been the maximum of our capacity to accommodate, and notwithstanding the addition quite recently of two large new State hospitals which are in a like condition, the question very naturally arises, Where is the remedy for this state of things to be found, or where is the further accommodation for the increase of this afflicted class of our fellow-citizens to be obtained? This subject, although not perhaps properly within our province, has claimed our attention at several different times in the course of the year. We venture to suggest that the State take measures to have erected at some available point or points one or more structures of a less costly character than the present hospitals, for the detention and care of the harmless chronic insane, of which class there is a large number in each of the present hospitals, and which can be comfortably cared for at less expense than under the present system.

The Report of the Treasurer, whose conduct of the financial department continues to merit and receive our fullest approval, accompanies this, presenting a detailed statement of the receipts and expenditures for the year, showing a small balance in his favor.

We also append the required statistical information as to persons employed in the institution, with their salaries, and the inventory of stock and supplies on hand.

And now, with reverent thankfulness to our Father in heaven for the many mercies vouchsafed during the year, and with ardent desires for a continuance of His protecting care and providence, we commend the institution, with all its interests, to the favorable consideration of the Legislature, and enter upon the duties of a new year.

GEO. HOWLAND, JUN.,	} Trustees.
WM. C. LOVERING,	
SIMEON BORDEN,	
LEBARON RUSSELL,	
SAML. L. CROCKER,	}

TAUNTON, Oct. 15, 1880.

LIST OF PERSONS

Employed at the Taunton Lunatic Hospital, Sept. 30, 1880.

Superintendent and Physician	(per year)	\$2,500 00
First Assistant Physician	"	1,500 00
Second Assistant Physician	"	1,000 00
Treasurer and Clerk	"	1,200 00
Housekeeper	"	300 00
Supervisor (male)	"	500 00
Supervisor (female)	"	400 00
Engineer	(per month)	83 34
Baker	"	40 00
Assistant Baker	"	25 00
Assistant Supervisor (male)	"	30 00
Assistant Supervisor (female)	"	25 00
Coachman	"	30 00
Gardener	"	25 00
Night-watch (male)	"	30 00
Night-watch (female)	"	18 00
Fireman	"	25 00
Fireman	"	20 00
Stable-hand	"	25 00
Stable-hand	"	10 00
Farm-hand	"	30 00
Farm-hands (2)	"	20 00
Farm-hand	"	16 00
Upholsterer and Clerk	"	35 00
Laborer	"	25 00
Laborer	"	20 00
Laundryman	"	25 00
Kitchen-hands (2)	"	25 00
Attendants (male) (3)	"	25 00
Attendants (male) (3)	"	23 00
Attendant (male) (1)	"	22 00
Attendants (male) (15)	"	20 00
Attendants (female) (17)	"	16 00
Attendants (female) (6)	"	14 00
House Attendant	"	16 00
House Attendant	"	14 00
Seamstress	(per week)	5 00

8 LUNATIC HOSPITAL AT TAUNTON. [Oct.

Assistant Seamstress	(per month)	\$14 00
Assistant Seamstresses (3)	(per week)	3 00
Laundress	"	5 00
Laundry-girl	"	3 50
Laundry-girls (8)	"	3 00
Cook	"	3 50
Cook	"	4 00
Kitchen-girls (5)	"	3 00
Kitchen-girl	"	2 50

INVENTORY OF STOCK AND SUPPLIES

On Hand Sept. 30, 1880.

Live-stock on the farm	\$2,830 00
Produce of the farm on hand	950 00
Carriages and agricultural implements	1,985 00
Machinery and mechanical fixtures	39,000 00
Beds and bedding in inmates' department	14,616 50
Other furniture in inmates' department	6,840 42
Personal property of the State in the Superintendent's department	11,731 41
Dry-goods	5,018 57
Provisions and groceries	2,200 77
Drugs and medicines	600 00
Fuel	4,800 00
Library	500 00
	<hr/>
	\$91,072 67

TREASURER'S REPORT.

I RESPECTFULLY submit the following Report of the finances of this institution for the year ending Sept. 30, 1880, to the Trustees:—

ASSETS.

134 acres of land, at \$200 per acre	\$26,800 00
Hospital building	275,000 00
Brick barn and stable	8,000 00
Laundry building	8,000 00
Other buildings and wall	7,000 00
	<hr/>
	\$324,800 00

Personal Estate.

Stock and supplies on hand, as per inventory appended to the Trustees' Report	\$91,072 67
Reserve fund	8,000 00
	<hr/>
	\$123,872 67

RECEIPTS.

Cash on hand Sept. 30, 1879	\$16 67
Received from the State Treasurer	21,530 56
from towns	67,720 12
from individuals	12,675 10
from sale of bonds	4,846 17
from other sales	580 16
from interest	770 00
	<hr/>
	\$108,138 78

PAYMENTS.

1st. Salaries, wages, and labor	\$28,691 08
2d. Provisions and supplies; viz.,—	
Meats of all kinds	\$6,665 17
Fish of all kinds	1,944 85
Fruit and vegetables	1,550 13
Flour and bread	6,464 09
Grain and meal for table	327 90
Grain and meal for stock	1,267 32
Tea, coffee, and broma	1,983 47
Sugar and molasses	4,129 61
Milk, butter, and cheese	8,218 41
Salt and other groceries	3,988 79
	<hr/>
	36,539 74
<i>Amount carried forward</i>	<hr/>
	\$65,230 82

10 LUNATIC HOSPITAL AT TAUNTON. [Oct.

Amount brought forward	\$65,230 82
3d. Clothing	8,216 48
4th. Fuel and light	7,833 89
5th. Medicines and medical supplies	1,632 50
6th. Furniture, beds, and bedding	6,270 81
7th. Transportation	627 27
8th. Ordinary construction and repairs	8,758 31
9th. Extraordinary construction and repairs	6,697 54
10th. Miscellaneous expenses	2,902 32
	<hr/>
	\$108,169 94

LIABILITIES.

Salaries and wages due Oct. 1, 1880	\$3,699 64
Miscellaneous bills due	12,712 57
Amount due Treasurer Sept. 30, 1880	31 16
	<hr/>
	\$16,443 37
Due the institution for board Oct. 1, 1880, —	
From towns	\$17,130 28
State	5,071 83
individuals	3,566 13
	<hr/>
	\$25,768 24

SUMMARY.

Total receipts	\$108,138 78
Total payments	108,169 94
	<hr/>
	\$31 16
Total liabilities	\$16,443 37
Total debts due the institution	25,768 24
	<hr/>
	\$9,324 87
Current expenditures	\$108,169 94
Dividing this sum by 562.5, the average number of patients,	
we have as the annual cost of each patient	\$192 30
And the average weekly cost of	3 70
Deducting from the current expenditures	\$108,169 94
The extraordinary constructions and repairs	6,697 54
	<hr/>
	\$101,472 40
Dividing \$101,472.40 by 562.5, the average number of pa-	
tients, we have the annual cost of each patient	\$180 40
And the average weekly cost of	3 47

JOHN KITTREDGE, *Treasurer.*

TAUNTON LUNATIC HOSPITAL, Oct. 11, 1880.

The undersigned have this day examined the foregoing account of the Treasurer, compared it with the vouchers, and find it correct.

GEO. HOWLAND, JUN.
SAML. L. CROCKER.

SUPERINTENDENT'S REPORT.

To the Trustees of the Taunton Lunatic Hospital.

GENTLEMEN,—With the close of another year I submit for your consideration the Twenty-seventh Annual Report, with tables of statistics, which exhibit the movement of the population, the general results of treatment, and much other information in a condensed form.

TABLE No. 1.
General Statistics of the Year.

	Males.	Females.	Total.
Patients in hospital Oct. 1, 1879 . . .	272	287	559
Admissions within the year . . .	114	76	190
Whole number of cases within the year,	386	363	749
Discharges within the year . . .	78	69	147
Viz.: As recovered . . .	27	22	49
As much improved . . .	3	9	12
As improved . . .	24	28	52
As unimproved . . .	24	10	34
Deaths . . .	23	23	46
Patients remaining Sept. 30, 1880 .	285	271	556
Viz.: Supported as State patients . .	65	53	118
as town patients . .	190	189	379
as private patients . .	30	29	59
Number of different persons within the year,	378	358	736
Admitted . . .	111	73	184
Recovered . . .	27	22	49
Daily average number of patients . .	280.6	281.9	562.5

TABLE No. 2.

Monthly Admissions, Discharges, and Averages.

MONTHS.	ADMISSIONS.			DISCHARGES (Including Deaths).			DAILY AVERAGE OF PATIENTS IN THE HOUSE.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
October, 1879 . .	9	3	12	7	9	16	274	285	559
November, " . .	7	10	17	7	10	17	278	282	560
December, " . .	6	4	10	5	7	12	277	279	557
January, 1880 . .	11	8	19	3	4	7	280	281	561
February, " . .	11	6	17	11	2	13	284	284	568
March, " . .	5	6	11	3	3	6	284	286	570
April, " . .	11	3	14	12	9	21	285	286	571
May, " . .	17	14	31	15	17	32	289	286	575
June, " . .	5	6	11	16	11	27	283	280	563
July, " . .	6	4	10	7	8	15	277	276	553
August, " . .	14	7	21	7	6	13	279	275	554
September, " . .	12	5	17	8	6	14	286	273	559
Total of cases . .	114	76	190	101	92	193	281.5	281	562.5
Total of persons . .	111	73	184	99	90	189	-	-	-

TABLE No. 3.

Received on First and Subsequent Admissions.

NUMBER OF THE ADMISSION.	CASES ADMITTED.			TIMES PREVIOUSLY RECOVERED.		
	Males.	Females.	Total.	Males.	Females.	Total.
First	89	56	145	-	-	-
Second	16	12	28	5	6	11
Third	5	6	11	-	2 twice.	4
Fourth	2	2	4	{ 1 once. 1 twice.	1 once. 1 twice.	- 6
Sixth	1	-	1	4	-	4
Thirteenth	1	-	1	10	-	10
Total of cases . .	114	76	190	22	13	35
Total of persons . .	111	73	184	9	10	19

TABLE NO. 4.

Ages of Persons Admitted for the First Time.

AGES.	At First Attack of Insanly.			When Admitted.		
	Males.	Females.	Total.	Males.	Females.	Total.
Fifteen years and less.	1	1	2	—	—	—
From 15 to 20 years	8	6	14	6	2	8
20 to 25 years	11	10	21	9	9	18
25 to 30 years	5	5	10	5	8	13
30 to 35 years	7	8	15	8	2	10
35 to 40 years	17	5	22	9	9	18
40 to 50 years	11	9	20	24	11	35
50 to 60 years	14	8	22	13	9	22
60 to 70 years	6	4	10	6	2	8
70 to 80 years	1	—	1	2	4	6
Over 80 years	—	—	—	1	—	1
Unknown	8	—	8	6	—	6
Totals	89	56	145	89	56	145

TABLE NO. 5.

Parentage of Persons Admitted.

PLACES.	Males.		Females.		Total.	
	Father.	Mother.	Father.	Mother.	Father.	Mother.
Massachusetts	30	31	27	29	57	60
Maine	1	3	1	1	2	4
New York	1	—	—	2	1	2
Connecticut	—	—	1	1	1	1
South Carolina	—	—	1	—	1	—
Virginia	1	1	—	1	1	2
New Hampshire	1	1	—	—	1	1
Rhode Island	2	1	—	—	2	1
Maryland	1	1	—	—	1	1
Ireland	35	34	28	27	63	61
England	5	6	6	6	11	12
Scotland	—	—	1	1	1	1
Germany	3	3	3	1	6	4
Russia	—	—	1	1	1	1
Italy	—	—	2	—	2	—
Dominion of Canada	2	2	2	3	4	5
Holland	1	1	—	—	1	1
Western Islands	1	1	—	—	1	1
Unknown	30	29	3	3	33	32
Totals	114	114	76	76	190	190

TABLE NO. 6.
Residence of Persons Admitted.

PLACES.	Males.	Females.	Total.
County, —			
Bristol	52	39	91
Plymouth	17	7	24
Barnstable	8	2	10
Nantucket	4	3	7
Suffolk	13	15	28
Norfolk	17	8	25
Middlesex	3	2	5
Totals	114	76	190
Cities or large towns	60	53	113
Country districts	54	23	77

TABLE NO. 7.
Civil Condition of Persons Admitted.

NO. OF THE ADMISSION.	UNMARRIED.			MARRIED.			WIDOWED.			UNKNOWN.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
First . .	35	21	56	43	24	67	9	11	20	2	—	2
Second . .	7	5	12	8	4	12	1	3	4	—	—	—
Third . .	3	4	7	2	2	4	—	—	—	—	—	—
Fourth . .	2	1	3	—	1	1	—	—	—	—	—	—
Fifth . .	—	—	—	—	—	—	—	—	—	—	—	—
Sixth . .	1	—	1	—	—	—	—	—	—	—	—	—
Thirteenth,	—	—	—	—	—	—	1	—	1	—	—	—
Totals . .	48	31	79	53	31	84	11	14	25	2	—	2

TABLE No. 8.

Occupations of Persons Admitted.

OCCUPATIONS.	Males.	Females.	Total.
Laborer	30	—	30
Carpenter	7	—	7
Clergyman	2	—	2
Farmer	11	—	11
Clerk	3	—	3
Operative	8	5	13
Shoemaker	4	—	4
Student	1	—	1
Mariner	8	—	8
Machinist	5	—	5
Jeweller	6	—	6
Blacksmith	3	—	3
Glass-decorator	1	—	1
Stone-mason	1	—	1
No occupation	6	1	7
Rope-maker	1	—	1
Iron-worker	2	—	2
Mason	1	—	1
Tailor	1	—	1
Hostlers and drivers	2	—	2
Furrier	1	—	1
Currier	1	—	1
Lawyer	1	—	1
Physician	1	—	1
Trader	4	—	4
Waiter	1	—	1
Cook	1	—	1
Butcher	1	—	1
Seamstress	—	1	1
Housekeeper	—	47	47
Domestic	—	20	20
Laundress	—	1	1
Teacher	—	1	1
Totals	114	76	190

TABLE No. 9.
Reported Duration of Insanity before Last Admission.

PREVIOUS DURATION.	FIRST ADMISSION TO ANY HOSPITAL.			ALL OTHER ADMISSIONS.			TOTAL.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Congenital	-	1	1	-	1	1	-	2	2
Under 1 month	19	9	28	4	3	7	23	12	35
From 1 to 3 months	13	6	19	4	3	7	17	9	26
3 to 6 months	9	6	15	-	-	-	9	6	15
6 to 12 months	6	6	12	1	1	2	7	7	14
1 to 2 years	10	8	18	2	2	4	12	10	22
2 to 5 years	10	4	14	7	4	11	17	8	25
5 to 10 years	4	4	8	4	4	8	8	8	16
10 to 20 years	2	-	2	4	2	6	6	2	8
Over 20 years	1	2	3	-	-	-	1	2	3
Unknown	14	9	23	-	1	1	14	10	24
Total of cases	88	55	143	26	21	47	114	76	190
Total of persons	-	-	-	-	-	-	111	73	184

TABLE No. 10.

Form of Disease in Cases Admitted.

FORM OF DISEASE.	Males.	Females.	Total.
Mania, acute	24	19	43
Mania, chronic	37	31	68
Melancholia	24	16	40
Dementia	15	6	21
Paresis	8	—	8
Brain disease	—	1	1
Epileptic	6	1	7
Congenital imbecility	—	2	2
Total of cases	114	76	190
Total of persons	111	73	184

TABLE No. 11.

Probable Causes of Insanity in Cases Admitted.

CAUSES.	Males.	Females.	Total.
Physical, —			
Intemperance	16	3	19
Sunstroke	3	—	3
Paralysis	2	1	3
Senility	3	2	5
Epilepsy	4	2	6
Masturbation	3	—	3
Blow on the head	1	—	1
Rheumatism	1	—	1
Starvation	1	—	1
Congenital	—	1	1
Menopause	—	1	1
Abortion	—	1	1
Syphilis	—	1	1
Puerperal	—	3	3
Scarlatina	—	1	1
Over-work	—	1	1
Moral, —			
Domestic affliction	4	4	8
Religious excitement	—	4	4
Loss of friends	—	1	1
Fright	—	1	1
Predisposing, —			
Previous attacks	13	14	27
Hereditary predisposition	36	22	58
Unknown	27	13	40
Totals	114	76	190

TABLE No. 12.

Relation to Hospitals of Persons Admitted.

HOSPITAL RELATIONS.	Males.	Females.	Total.
First admission to any hospital for insane .	88	52	140
Former inmates of this hospital	23*	20†	43
“ “ of Danvers Hospital	2	2	4
“ “ of hospital elsewhere	1	2	3
Totals	114	76	190

* Of this number, one formerly in Danvers, and one in Somerville.

† Of this number, one formerly in Danvers.

TABLE No. 13.

How Supported.

SUPPORTED AS	PATIENTS ADMITTED.		
	Males.	Females.	Total.
State patients	42	28	70
Town patients	59	42	101
Private patients	13	6	19
Totals	114	76	190

TABLE No. 14.
Discharges Classified by Admission and Result.

ADMISSION.	RECOVERED.			MUCH IMPROVED.			IMPROVED.			UNIMPROVED.			DIED.			TOTAL.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
First . . .	22	17	39	1	6	7	14	19	33	21	9	30	19	21	40	77	72	149
Second . . .	3	4	7	—	1	1	6	6	12	3	1	4	2	2	4	14	14	28
Third . . .	—	3	3	—	—	—	1	2	3	—	—	—	1	—	1	2	5	7
Fourth . . .	—	—	—	—	—	—	3	1	4	—	—	—	1	—	1	4	1	5
Fifth . . .	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Sixth . . .	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Twelfth . . .	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Total of cases .	29	24	53	1	7	8	24	28	52	24	10	34	23	23	46	101	92	193
Total of persons,	27	22	49	1	7	8	24	28	52	24	10	34	23	23	46	99	90	189

TABLE NO. 15.
Cases Discharged Recovered, — Duration.

PERIOD.	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION FROM THE ATTACK.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Congenital	—	—	—	—	—	—	—	—	—
Under 1 month	9	5	14	2	—	2	1	—	1
From 1 to 3 months	4	4	8	6	7	13	2	1	3
3 to 6 months	4	4	8	11	6	17	8	5	13
6 to 12 months	3	2	5	—	7	7	3	4	7
1 to 2 years	3	2	5	3	—	3	5	6	11
2 to 5 years	3	2	5	4	2	6	5	3	8
5 to 10 years	—	2	2	1	—	1	1	1	2
10 to 20 years	1	—	1	—	—	—	2	1	3
Over 20 years	—	—	—	—	—	—	—	—	—
Unknown	—	1	1	—	1	1	—	1	1
Total of cases	27	22	49	27	22	49	27	22	49
Total of persons	27	22	49	27	22	49	27	22	49
Average of known cases (in months)	7.5	9.5	8.5	13.7	7.3	10.5	21.2	16.8	19

TABLE No. 16.
Cases Resulting in Death, — Duration.

PERIOD.	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION FROM THE ATTACK.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Congenital	—	1	1	—	—	—	—	—	—
Under 1 month	6	2	8	7	1	8	3	1	4
From 1 to 3 months	—	—	—	3	2	5	—	—	—
3 to 6 months	1	2	3	2	5	7	1	1	2
6 to 12 months	2	1	3	1	—	1	—	1	1
1 to 2 years	3	3	6	4	6	10	3	—	3
2 to 5 years	5	3	8	3	4	7	6	6	12
5 to 10 years	4	5	9	2	3	5	7	6	13
10 to 20 years	—	2	2	—	—	—	—	1	1
Over 20 years	1	3	4	1	2	3	2	6	8
Unknown	1	1	2	—	—	—	1	1	2
Totals	23	23	46	23	23	46	23	23	46
Average of known cases (in months)	44.3	100.6	72.4	32.0	49.1	40.6	6.3	149.7	113

TABLE No. 17.

Cases Discharged by Recovery or Death, — Form of Insanity.

FORM OF INSANITY.	RECOVERIES.			DEATHS.		
	Males.	Females.	Total.	Males.	Females.	Total.
Mania, acute	16	11	27	5	1	6
Mania, chronic	4	2	6	10	8	18
Epilepsy	—	—	—	—	2	2
Paresis	—	—	—	3	—	3
Dementia	—	—	—	4	8	12
Organic brain-disease . .	—	—	—	1	3	4
Melancholia	7	9	16	—	1	1
Total of cases	27	22	49	23	23	46
Total of persons	27	22	49	—	—	—

TABLE No. 18.

Causes of Death.

CAUSES.	Males.	Females.	Total.
Mania, acute	3	1	4
Mania, chronic	6	4	11
Gastritis	—	1	1
Epilepsy	—	2	2
Paresis	3	—	3
Old age	—	4	4
Phthisis	2	1	3
Pulmonary hemorrhage . .	—	2	2
Chronic Bright's disease . .	—	1	1
Organic brain-disease . . .	1	5	6
Paralysis	1	—	1
Diarrhœa	2	—	2
Cardiac disease	—	1	1
Suicide	1	—	1
Typhomania	2	—	2
Apoplexy	1	1	2
Totals	23	23	46

TABLE NO. 19.
Deaths, Classified by Results of Previous Admissions.

NUMBER OF THE ADMISSION.	RECOVERED.			MUCH IMPROVED.			IMPROVED.			UNIMPROVED.			TOTAL.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
First	2	-	2	-	-	-	2	2	4	1	-	1	5	2	7
Second	1	-	1	-	-	-	2	-	2	-	-	-	3	-	3
Third	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1
Fourth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fifth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	3	-	3	-	-	-	4	2	6	2	-	2	9	2	11

TABLE No. 20.
Recoveries, Classified by Results of Previous Admissions.

NUMBER OF THE ADMISSION.	RECOVERED.			MUCH IMPROVED.			IMPROVED.			UNIMPROVED.			TOTAL.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
First	5	4	9	-	-	-	3	2	5	-	-	-	8	6	14
Second	3	2	5	-	-	-	1	1	2	-	-	-	4	3	7
Third	3	-	3	-	-	-	1	-	1	-	-	-	4	-	4
Fourth	3	-	3	-	-	-	1	-	1	-	-	-	4	-	4
Fifth	3	-	3	-	-	-	-	-	-	-	-	-	3	-	3
Sixth	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Seventh	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Eighth	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Ninth	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Tenth	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Eleventh	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Totals	23	6	29	-	-	-	6	3	9	-	-	-	29	9	38

TABLE No. 21.

Deaths, Classified by Duration of Insanity and of Treatment.

PERIOD.	DURATION OF INSANITY.			WHOLE KNOWN PERIOD OF HOSPITAL RESIDENCE.		
	Males.	Females.	Total.	Males.	Females.	Total.
Congenital	—	1	1	—	—	—
Under 1 month . . .	1	1	2	6	1	7
From 1 to 3 months .	2	—	2	3	—	3
3 to 6 months . . .	1	1	2	1	4	5
6 to 12 months . . .	1	1	2	1	1	2
1 to 2 years	1	—	1	3	7	10
2 to 5 years	8	6	14	6	5	11
5 to 10 years	5	4	9	2	2	4
10 to 20 years . . .	—	1	1	—	1	1
Over 20 years	2	5	7	1	2	3
Unknown	2	3	5	—	—	—
Totals	23	23	46	23	23	46
Average of known cases (in months)	83.9	153.0	118.4	37.8	64.5	51.2

TABLE No. 22.

Ages of those who Died.

AGES.	AT TIME OF FIRST ATTACK.			AT TIME OF DEATH.		
	Males.	Females.	Total.	Males.	Females.	Total.
15 years and less . . .	1	2	3	—	—	—
From 15 to 20 years . .	—	—	—	—	—	—
20 to 25 years	3	—	3	—	—	—
25 to 30 years	2	1	3	2	1	3
30 to 35 years	2	3	5	3	1	4
35 to 40 years	5	2	7	4	2	6
40 to 50 years	3	3	6	6	3	9
50 to 60 years	4	3	7	5	1	6
60 to 70 years	—	3	3	2	6	8
70 to 80 years	1	3	4	1	6	7
Over 80 years	—	—	—	—	3	3
Unknown	2	3	5	—	—	—
Totals	23	23	46	23	23	46

[illegible]

1865	.	.	.	.	18	16	34	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3
1866	.	.	.	.	17	21	38	-	-	-	-	-	-	-	-	-	-	-	-	-	2	4	6
1867	.	.	.	.	24	20	44	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4
1868	.	.	.	.	23	22	45	-	-	-	-	-	-	-	-	-	-	-	-	-	3	2	5
1869	.	.	.	.	15	25	40	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	6
1870	.	.	.	.	33	40	73	-	-	-	-	-	-	-	-	-	-	-	-	-	4	2	6
1871	.	.	.	.	34	38	72	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	5
1872	.	.	.	.	55	43	98	-	-	-	-	-	-	-	-	-	-	-	-	-	8	5	13
1873	.	.	.	.	57	42	99	-	-	-	-	-	-	1	-	-	-	-	-	-	12	2	14
1874	.	.	.	.	49	47	96	-	-	-	-	-	-	-	-	-	-	-	-	-	12	10	22
1875	.	.	.	.	54	37	91	-	-	-	-	-	-	-	-	-	-	-	-	-	17	14	31
1876	.	.	.	.	64	60	124	-	-	-	-	-	-	1	1	-	-	-	-	-	17	12	29
1877	.	.	.	.	64	69	133	1	-	1	1	-	-	2	2	-	-	-	-	-	29	47	76
1878	.	.	.	.	45	42	87	1	-	1	2	3	2	5	1	-	1	1	2	3	48	67	115
1879	.	.	.	.	28	23	51	3	3	6	-	-	4	2	6	-	-	2	-	2	31	32	63
1880	.	.	.	.	25	20	45	3	4	7	-	-	2	3	5	1	1	2	1	1	74	48	122
Totals	.	.	.	.	778	710	1,488	8	7	15	-	3	3	9	10	19	3	1	4	5	285	271	556

30, 1867	.	.	8	10	18	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
30, 1868	.	.	7	10	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30, 1869	.	.	5	14	19	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
30, 1870	.	.	10	12	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30, 1871	.	.	10	13	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30, 1872	.	.	11	17	28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30, 1873	.	.	12	18	30	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
30, 1874	.	.	11	17	28	-	-	-	-	-	-	-	-	-	-	-	-	-	2	4	6
30, 1875	.	.	15	10	25	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
30, 1876	.	.	17	24	41	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	5
30, 1877	.	.	19	25	44	1	-	1	-	-	-	-	-	-	-	-	-	-	3	3	6
30, 1878	.	.	23	21	44	1	-	-	-	-	-	-	-	-	-	-	-	-	3	6	9
30, 1879	.	.	12	7	19	2	2	4	-	-	-	-	-	-	-	-	-	-	3	2	5
30, 1880	.	.	13	11	24	3	3	6	-	-	-	-	-	-	-	-	-	-	8	8	16
Totals .	.	.	248	274	522	7	5	12	-	1	1	2	2	4	2	2	2	2	26	29	55

There were in the hospital, at the beginning of the year, 559 patients, — 272 men and 287 women. There have been admitted during the year 190, of whom 114 were men, and 76 women; making the whole number of cases under treatment 749. Of those admitted during the year, 6 have been discharged and re-admitted; and of those in the hospital at the beginning of the year, 6 have been discharged and re-admitted, which reduces the whole number of persons under treatment to 727. The removals have been 193, of whom 101 were men, and 92 women; leaving in the hospital at the end of the year 556, of whom 285 were men, and 271 women. The daily average has been 562.5. The highest number at any one time was 583, and the lowest 549. Twenty-eight patients have been removed to other State institutions, 13 to the Almshouse at Tewksbury, and 15 to the Asylum for the Chronic Insane at Worcester. Had these transfers not been made, we should have closed the year with 584 patients, an excess of 25 above the number at the close of last year, which indicates that the hospital will be kept full, and is liable to be crowded, simply by admissions from the community. Thirty-eight more men have been admitted than women; and for nine months of the year there has been an excess of men in the hospital, a condition which has not existed in any other in the State, and not in this hospital since 1876, when it was supposed we were still reaping an increase of insanity among men as a result of the war. One reason of the present increase of males may be that a larger percentage of patients is now being received from the rural districts than formerly, and other causes may be purely accidental and temporary. The number of recent cases admitted was less than fifty per cent of the whole number, regarding all as recent who have been insane less than one year. As few recover who have been insane longer than one year, it follows that more than half of the persons admitted were incurable before coming to the hospital, and that all the recoveries must come from less than fifty per cent of the admissions. It will be seen from the table of general statistics that 49 patients were discharged as recovered, which is 33 per cent of the whole number discharged; 12 much improved, 52 improved, and 34 unimproved.

Some of those discharged recovered will become insane again; and it is possible that some have been discharged as recovered who had recurrent mania, the type of the disease not having been fully developed. Others, may have fresh attacks of insanity from the same or other exciting causes. But, if other attacks do occur, it will not necessarily follow that recovery was not made from the first. We do not so reason in regard to other diseases. We do not say that a person with a rheumatic diathesis, who has had repeated attacks of rheumatism, but during the intervals is free from it, has not recovered from each attack. We say he has recovered, but is liable to have it again. So with other diseases which are repeated from constitutional tendencies. It is evident that a person may have several attacks of insanity, in which the disease may spring up *de novo* each time; but in a given case it may be difficult to decide whether the disease is a relapse, recurrent, or a fresh attack, as was the case with a woman discharged from this hospital a few months ago, apparently recovered from her third attack, the last seizure having come on suddenly from loss of sleep, and other disturbing influences. The husband of the woman, who is a man above the average in intelligence, reported, when questioned carefully, that his wife seemed to him entirely well during the eighteen months she was at home, previous to the last attack, and that he could not see in her any loss of mental power, or change whatever. That her brain was more susceptible to disease than though she had never been insane, all will admit; but had she recovered from the preceding attack, or was the disease only slumbering, and sure to return sooner or later without any exciting cause except a tendency to repeat itself? That is the question which in this and all similar cases seems to me not easy to answer; but I cannot help thinking that one does not depart far from the truth or analogy from other diseases in calling them recoveries.

A considerable number of patients who were not fully recovered have been permitted to go home to their friends on probation or trial, with the condition in most cases that a full discharge should be granted them if they were not returned within a specified time, usually two weeks. Most of them did well; some continued to improve after leaving

the hospital; and but few were returned before the expiration of the probation. With many, and I may say most of them, the stimulus of home associations was just what was needed to complete their mental restoration.

To determine just the right time during convalescence to recommend the discharge of a patient from hospital restraint and treatment is not always easy; and it is better to grant a trial too early, than to retain a patient longer than is necessary. Another good feature of this method of discharge is, that, if the experiment fails, the patient can be returned to the hospital without the trouble and expense of a re-committal.

The hygienic condition of the hospital has been uniformly good, as will appear both from the low death-rate and the causes of death in those deceased, there having been complete exemption from all diseases which are supposed to arise from imperfect drainage, bad ventilation, and other defective hygienic conditions. No case of typhoid fever or dysentery has occurred among the patients or members of the household for several years. The whole number of deaths was 46,—23 men and 23 women,—which is 8.1 per cent of the average number under treatment, and 6.1 per cent of the whole resident population. This is a lower percentage of mortality than has occurred for many years. Most of the deceased were of advanced age or beyond middle life. As usual, a large percentage of the mortality resulted from some form of organic brain-disease. Six died from primary or organic disease of the brain; eleven from chronic, and four from acute, insanity; two from typhomania, or Bell's disease, that fatal form of mania which usually runs a rapid course to death, but which now, happily, is seen more rarely than formerly. One of these was brought to the hospital in an extremely exhausted condition, having taken no food for nearly a week, and died on the third day. Two died from apoplexy; one from paralysis, which supervened upon insanity of several years' duration; one male patient, from chronic insanity, complicated with chorea in its most aggravated form. Phthisis caused the death of three, and two died of pulmonary hemorrhage. One woman died of gastritis, she having had several attacks of the same disease before coming to the hospital. Four women are reported as having died from old age.

The same general methods of treatment have been followed as in former years. There is no specific for insanity, and in that respect it is not unlike most other diseases. Insanity being the result of a diseased brain, either primarily, or secondarily through sympathy with some other diseased organ, physical symptoms are treated as they arise, each case being studied individually, and treated according to the symptoms manifested.

Most of our patients are poorly fed and badly nourished before coming to the hospital. In the beginning of treatment in those cases we depend more on good nourishing food than the *materia medica*; milk and eggs, with wine and other stimulants, being more freely dispensed than any form of drugs, though the latter are frequently called to our aid. After the acute symptoms are passed and the physical system has responded to treatment, some suitable occupation is very important, and, for most male patients, light manual labor in the open air is highly beneficial; and to that end we have employed on the farm, and in other places about the buildings, all who are able to work, having one or more attendants especially for that purpose, care being taken not to overwork any, and never to lose sight of the fact that most of the insane have weakened physical powers and less endurance than people in health.

During the long winter evenings effort is made to give mental occupation by a variety of entertainments, both instructive and amusing; and, last season, in addition to the usual amusements, some very excellent theatricals were presented by Dr. Hutchinson and other members of our household, to whom much credit is due for the active interest manifested in the subject, and the success attending it. In this good work we were also assisted by friends from the city, who gave us some very good theatricals and musical concerts, which greatly pleased the patients. The insane, not less than those of sound mind, tire of the same entertainments if repeated too often. The more variety the better. Sameness may become a sedative; while variety is always a tonic, and has a healthful influence when any amusement is indicated.

It will be seen, by reference to Table 11, that heredity

is given as the cause of the insanity of fifty-eight of those admitted. While it is a fact now generally accepted that hereditary taint is a predisposing cause of insanity, it is extremely difficult to establish by statistics in what proportion of the insane it actually exists as a cause of the disease. This arises from the difficulty of getting accurate information on the subject, owing to the reluctance with which most relatives of the insane testify in regard to it; and for that reason I am inclined to the opinion that heredity has a greater influence in the causation of insanity than would appear from any statistics which can be compiled in regard to it. The more attention one gives to the subject, and the wider his field of observation, the more clearly does he see the certainty of the law that like produces like in mental traits as well as in physical. In some cases of what seems like idiopathic insanity, no doubt evidence of heredity is sought from too narrow limits; and the fact that all nervous diseases are kindred, and that parents who have not been insane, but have been intemperate, or have had epilepsy or chorea or paralysis, or been subject to long exhaustive mental labor sufficient to weaken and undermine the nervous system, may transmit a tendency to mental infirmity or actual insanity, is lost sight of; and the disease may not be called hereditary in a given case, when a wider and more searching investigation would have placed the heredity beyond question. Could a complete history of each case of insanity be obtained, no doubt the percentage of causation from hereditary influence would be much increased. It may be seen from the same table that intemperance, as in years before, takes a leading place among the causes of insanity of those admitted during the year; but any statistics on the subject must necessarily be very imperfect, and may express a larger or smaller number of persons actually made insane by intemperance than the facts would warrant if accurately obtained. If a person has been drinking to excess before his committal to a hospital, intemperance is usually assigned as the cause of his insanity, when in fact it may be only a symptom or result of a diseased brain, as is often the case in general paralysis and other forms of brain disease. That the intemperate use of alcoholic drink is a most prolific cause of insanity where a predisposition to the disease exists, there can

be no doubt; and that it often produces it where such predisposition does not exist, is doubtless true. As a cause of insanity it acts with twofold force; it being a direct exciting cause to those who use it, and a predisposing cause to their offspring, who inherit a tendency more or less strong to some disease of the nervous system, — it may be dipsomania or epilepsy, or some one of the many forms of insanity.

A distinguished writer on mental disease has said, "If all hereditary causes of insanity were cut off, and the disease stamped out for a time, it would soon be created anew by intemperance and other excesses."

CONSTRUCTION AND REPAIRS.

The year has been a very busy one, outside of the usual labor of caring for so many patients, as is shown by our large construction account. The alterations in the chapel, which were in progress at the writing of the last Report in the early autumn, were completed before cold weather, and proved very useful and convenient, greatly increasing the facilities for evening entertainments. The renovation of the old wards was continued through the winter months while the house was dry from steam-heat; several floors being relaid, the halls painted throughout, and the walls of many of the rooms replastered and hard finished.

As a safeguard against fire, the attic, which was continuous through the whole length of the several buildings, has been divided by brick walls into twelve divisions, the openings through the walls being closed by doors of wood, covered with tin. Should a fire now occur there by any accident, it is probable that it could be confined to one wing with our present means of extinguishing it.

The stable has been enlarged by extending it thirty-two feet to the south, the symmetry of the building being preserved by constructing the addition in the form of another gable and wing. A room for washing carriages has been built on the rear, one story in height. This extension will afford carriage-room for the present and all prospective wants of the hospital. The coal-shed has been removed, and a new building of brick erected over the coal-cellar, the latter having been enlarged by extending it eighteen feet to the north. The building is forty-seven feet in length, thirty-two feet in

width, and is two stories high, the east side being joined to the old carpenter's shop, making with it one continuous building. The first floor will be used for storing wood for the oven, and other articles, such as boxes and barrels, which are now kept in the basement for want of a more suitable place; and the second floor, for storing lumber. This building was much needed for these purposes, and will be very useful, besides greatly improving the general aspect of all the rear buildings.

Our excellent well having failed to give a full supply of water during the summer and autumn months, arrangements were made by you, early in the season, with the Water Commissioners of Taunton, to furnish the hospital with water from the city water-works, both to supplement the amount from the well, and as an additional security in case of fire. A six-inch pipe was laid by the city through the hospital grounds from Hodges Avenue to Danforth Street opposite Chester Street, passing in front of the piggery and barn, and west of the male wings within eight hundred feet of the centre building. The hospital incurred the expense of making its own connections with the city main, and guaranteed to use ten thousand gallons of water daily, paying for the same at the rate of fifteen cents per thousand gallons. But if twenty thousand gallons, or more, are used daily for three months, the charge will be twelve and one-half cents per thousand gallons. The whole cost of introducing the water, including the meter and three hydrants, was about two thousand dollars. Two hydrants were placed in front of the hospital, and one near the barn.

The consumption of water for all purposes is somewhat above forty thousand gallons per day; and it is probable that the well will continue to furnish three-fourths of that amount, and save the hospital at least one thousand dollars a year, after deducting the expense of pumping, and at that rate it will pay for the amount expended on its construction every four years.

As might be inferred from the work done, our expenditures for construction and other improvements have been large; but our finances continue in a sound condition, as appears from the Report of the Treasurer, which shows that the amount due the institution at the close of the year is considerably in excess of its indebtedness.

Again I would bring to your attention the desirableness of asking the next Legislature for an appropriation to be used for the extension of the rear centre building. The great need of this extension is self-evident to any one living in the hospital with a full knowledge of its various wants and necessities.

There is now no cellar connected with the hospital suitable for storing vegetables. Under this proposed building a cellar should be made for the purpose of keeping milk, vegetables, and such other articles as are usually kept in cellars. The milk is now set in a small room, four by twelve feet, in the rear of the kitchen, and is with great difficulty kept sweet for twenty-four hours. No good farmer would think he could live without an ample cellar; and here we have a large farm under cultivation, if not one of the best, and milk from twenty cows to take care of. The first floor will be needed for storing all the heavy articles used in the kitchen, such as flour, meal, beans, and soap, for general use. One room on the second floor will be wanted for crockery, brooms, and other furnishings, which are now stored wherever a place can be found from basement to attic. One-half of the second story should be devoted to a workroom for male patients, for the making of mattresses, and such upholstering and other work as shall be found most useful and beneficial to the patients. The third story should be finished into sleeping-rooms for the help, as the hospital is still deficient in rooms for that purpose, although this want was partly supplied when the laundry was built. In a central tower above the attic should be placed water-tanks, at a height sufficient to give the necessary pressure to the hot and cold water-pipes on the upper halls, the pressure there now being so feeble that the supply of hot water is nearly shut off when water is being drawn on the lower halls. Besides these real every-day wants, the building is needed to cut off the view between the wings for the male and female patients, and to complete the architectural harmony of all the buildings in the rear.

ACKNOWLEDGMENTS.

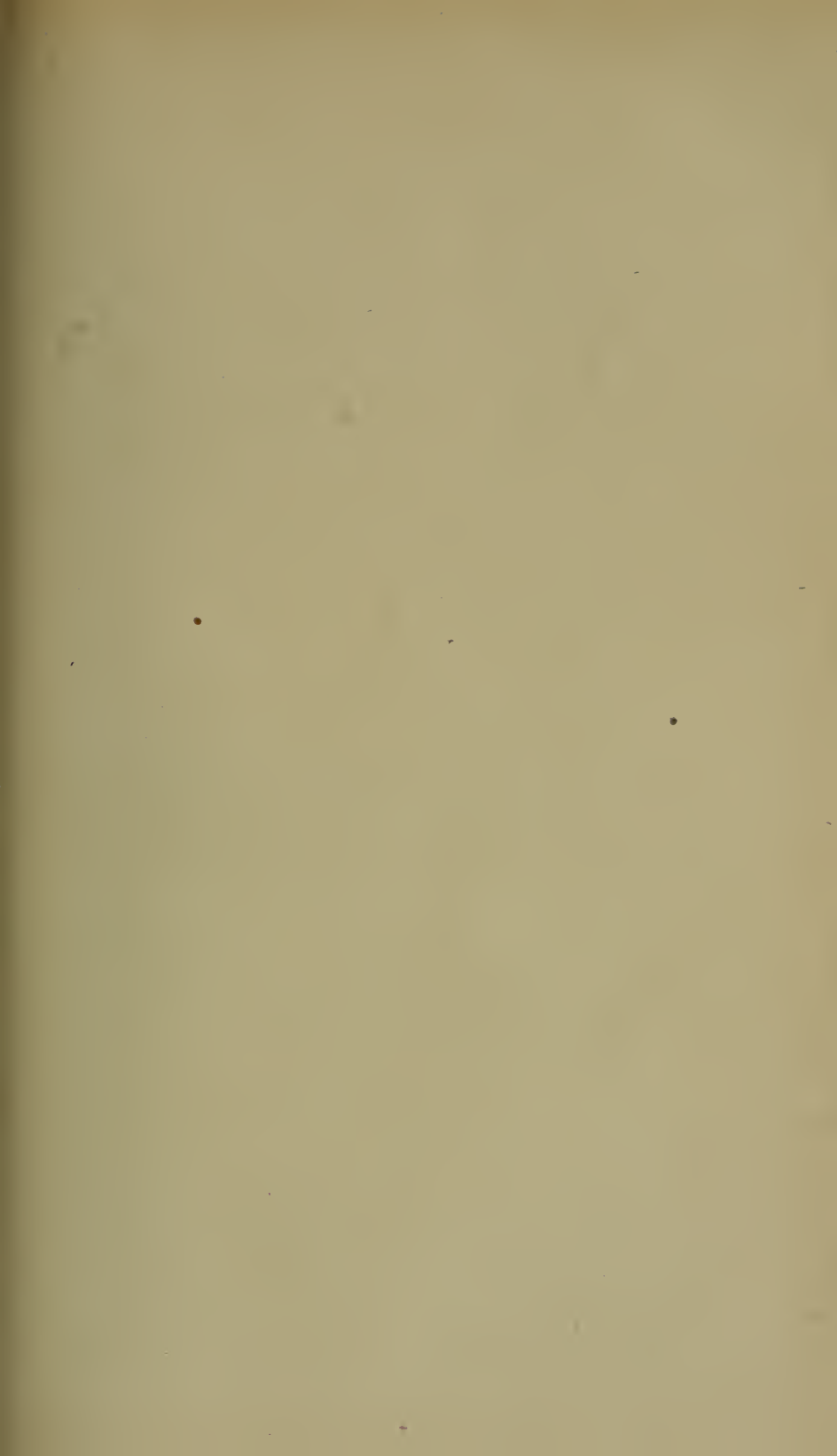
The editors of "The Old Colony Memorial," "The Gospel Banner," and "The Daily Mereury," have sent their papers as usual to the hospital. We are indebted to friends from the

city for more than the usual number of fine entertainments in our chapel; to Mr. A. B. Wineh and others, for the presentation entire of Sullivan's popular opera, "H. M. S. Pinafore;" to Mrs. Spear and the children of St. John's sabbath school, for the charming operetta, "Red Riding-Hood" (no other entertainment during the year was more pleasing to many of the patients); to Professor Bartlett and others, for the very amusing farce, "A Regular Fix;" to Mr. De Blois and those who assisted him, for two excellent instrumental and vocal concerts; to Bristol County Agricultural Society, for free admission of our patients to its grounds during the fair; to Miss Jane Child, for ten or more volumes of "The Atlantic Monthly" for the hospital library; and to Miss D. L. Dix, whose ready hand is ever open to the wants of hospitals, for a good supply of hymn-books for our chapel, substantially bound in morocco, and a number of fine pictures to adorn the halls, and please the hearts of the patients.

But one change has occurred in the staff of subordinate officers. Miss Fannie S. Church resigned her position as housekeeper in July last, to obtain much-needed rest after eight years of faithful service to the hospital. Since the middle of August, the department of the kitchen has been in charge of Mrs. H. F. Eames. In closing this Report, I am glad to bear testimony to the faithfulness with which most of those directly connected with the care of the patients have discharged their duties.

To my medical assistants and all associated with me in the daily care and management of the institution, I am greatly indebted for their cordial support and faithful and efficient service to the hospital. To you, gentlemen, my thanks are due for the personal kindness, appreciative sympathy, and wise counsel, which you have ever been ready to give. Hoping the coming year will continue to advance the interests of the hospital not less than the past has done, and that a kind Providence will permit us all to do our full share of the work, I close the present record.

J. P. BROWN, *Superintendent.*





PUBLIC DOCUMENT.

No. 22.

TWENTY-EIGHTH ANNUAL REPORT
OF
THE TRUSTEES
OF THE
STATE LUNATIC HOSPITAL
AT
TAUNTON,

FOR THE YEAR ENDING SEPTEMBER 30, 1881.

BOSTON:
Rand, Avery, & Co., Printers to the Commonwealth,
117 FRANKLIN STREET.
1882.



Mass. Taunton State Hospital (Process)

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OFFICERS

OF THE

TAUNTON LUNATIC HOSPITAL.

TRUSTEES.

HON. WILLIAM C. LOVERING	TAUNTON.
SIMEON BORDEN, Esq.	FALL RIVER.
LE BARON RUSSELL, M.D.	BOSTON.
HON. SAMUEL L. CROCKER	TAUNTON.
HON. GEORGE HOWLAND, JUN.	NEW BEDFORD.

RESIDENT OFFICERS.

JOHN P. BROWN, M.D.	<i>Superintendent.</i>
WILLIAM H. GAGE, M.D.	<i>Assistant Physician.</i>
MARCELLO HUTCHINSON, M.D.	<i>Assistant Physician.</i>
JOHN KITTREDGE	<i>Clerk.</i>
RUFUS D. GODDING	<i>Engineer.</i>

TREASURER.

JOHN KITTREDGE	, TAUNTON.
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Office at the Hospital.

Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To his Excellency the Governor and the Honorable Council.

IN presenting their Twenty-eighth Annual Report, the Trustees of the Taunton Lunatic Hospital have the satisfaction of stating that, in the administration of the affairs of the institution, no untoward event has occurred during the year to interrupt its good order, or in any way to disturb or hinder its unobtrusive work in caring for those who need its quiet, restraining and restoring influences, and who may be committed to it.

The Institution continues under the management of our highly-esteemed Superintendent, Dr. John P. Brown, whose efforts for the best good of its inmates, and for the amelioration and improvement of their mental and physical condition, are ably seconded and promoted by the two assistant physicians, Drs. Gage and Hutchinson.

With feelings of satisfaction and gratitude, we can say that entire harmony and unity of effort prevail between the Trustees and the officers of the hospital.

On the first day of October, 1880, there were in the hospital 556 patients; there have been received since, or within the year, 272, making the whole number under treatment during the year 828, against 749 the previous year. The number of discharges has been 226, last year 147; deaths 54, last year 46; remaining Sept. 30, 1881, 548.

For a more detailed statement, see Table No. 1, Superintendent's Report.

You are, of course, cognizant of the fact that there are in the several State hospitals more than one hundred of the

convict insane, of whom we have twenty-seven at the present time.

Previous to the erection of the new hospitals at Worcester and Danvers, and of the State Prison at Concord, the Legislature of 1874 enacted a law [chap. 370] requiring that provision should be made in those structures for this class.

That such provision was not made is inferred from the fact that none have been withdrawn from this hospital; on the contrary, our numbers have increased. It does not seem to us right to subject the innocent to the companionship of criminals; and, more than this, our hospital was not arranged for their safe-keeping.

We would, therefore, urge upon you, and through you the Legislature, the necessity of making some special provision for the care of the criminal insane.

In some of our previous reports this subject has been alluded to; and we now refer to it anew, as its importance demands definite action.

The extension at the rear of the central building, ninety-six by forty-five feet, is, by an act of the last Legislature appropriating the means for its construction, in process of erection; we hope to have it under roof in the course of a few weeks. This will, when completed, supply a long-felt want, by furnishing additional storerooms in the cellar and on the first floor; two large, well-lighted, and convenient workrooms (one for each sex) on the second floor, and on the third floor, several much-needed lodging-rooms for employés. While the tower over the centre will furnish a place for an iron tank for water, of the capacity of eighteen thousand gallons, at an elevation sufficiently high to distribute the water more freely than heretofore in the upper wards.

During the past few years there has been urged upon us, very strongly, by the overseers of the poor of several of the towns and cities within *our* territorial limits, the expediency or propriety of discharging to them some of the harmless and demented patients supported by their municipalities, upon the ground that they could properly care for such in their almshouses, and at less cost; in several instances, where the Trustees were satisfied that their accommodations were adequate, the requests were granted.

After a trial of a shorter or longer time, some of these have been returned to the hospital, with the acknowledgment from the overseers that they could not satisfactorily, or even economically, keep them any longer.

That such would be the result has long been our conviction; and, although our views do not entirely coincide with those of some of the State officials, yet we feel constrained to thus publicly state our position on the subject.

Since our last report, new floors have been laid in two of the halls; new furniture (made on the premises) has been placed in several others. And as, in the judgment of the Trustees, it is far better to keep the hospital itself in the best possible condition, we have continued our previous practice of making such repairs as were necessary to that end. In this way, the halls and other departments are rendered attractive and agreeable; the exterior of the buildings preserved from deterioration, and a large outlay at some future day avoided.

Never, since the Hospital was first built and furnished, now nearly thirty years, has the State been called upon for an appropriation for any purpose except for its enlargement, and we claim that the house is, for the purpose for which it was designed and is used, in a far better condition to-day than when first built.

The whole cost for construction, for which the State has furnished the means, has been about \$660,000; it has capacity to accommodate 550 patients; the location is a very desirable one; the premises contain a hundred and thirty-four acres of land, about one-third covered with a growth of wood, in which are laid out delightful walks; also places for recreation, which are provided with comfortable seats, and in the warm season of the year are much resorted to and enjoyed by the patients; the other two-thirds are devoted to agriculture, to the other needs of the Hospital, and for the buildings.

The Treasurer's report herewith presented shows that department to be in a sound condition. The low rate allowed by the State for the support of patients necessitates the most rigid economy, and hardly enables us to provide all the safeguards that in many cases seem necessary, and we adhere to the opinion expressed in former reports, that the rate of board should be increased.

Our Treasurer continues, as he has for many years, to discharge his duties to our entire satisfaction.

The usual statistical information is also appended.

With renewed reverent thankfulness to the Giver of every good and perfect gift for the many favors and blessings conferred, we again commend the institution to your favorable consideration and regard.

WM. C. LOVERING,
SIMEON BORDEN,
LE BARON RUSSELL,
SAM'L L. CROCKER,
GEO. HOWLAND, JUN.

TAUNTON, Oct. 14, 1881.

LIST OF PERSONS

EMPLOYED AT THE TAUNTON LUNATIC HOSPITAL, SEPT. 30, 1881.

Superintendent and Physician	(per year)	\$2,500 00
First Assistant Physician	"	1,500 00
Second Assistant Physician	"	1,000 00
Treasurer and Clerk	"	1,200 00
Housekeeper	"	300 00
Supervisor (male)	"	500 00
Supervisor (female)	"	400 00
Engineer	(per month)	83 34
Assistant Supervisor (male)	"	30 00
Assistant Supervisor (female)	"	25 00
Baker	"	40 00
Assistant Baker	"	25 00
Coachman	"	30 00
Gardener	"	25 00
Night-watch (male)	"	30 00
Night-watch (female)	"	18 00
Fireman	"	30 00
Fireman	"	25 00
Stable-hand	"	25 00
Stable-hand	"	10 00
Farm-hand	"	35 00
Farm-hands (2)	"	22 00
Farm-hand	"	25 00
Farm-hand	"	24 00
Farm-hand	"	20 00
Upholsterer and Clerk	"	35 00
Laborers (2)	"	20 00
Laundryman	"	23 00
Kitchen-hands (2)	"	25 00
Attendants (male) (2)	"	28 00
Attendants (male) (7)	"	25 00
Attendants (male) (2)	"	23 00
Attendants (male) (2)	"	22 00
Attendants (male) (8)	"	20 00
Attendants (female) (2)	"	18 00
Attendants (female) (15)	"	16 00

Attendants (female) (8)	.	.	.	.	.	(per month)	14 00
House-attendant	.	.	.	.	.	"	14 00
House-attendant	.	.	.	.	.	(per week)	3 50
Seamstress	.	.	.	.	.	"	5 00
Assistant Seamstress	.	.	.	.	.	(per month)	14 00
Assistant Seamstresses (2)	.	.	.	.	.	(per week)	3 00
Laundress	.	.	.	.	.	"	5 00
Laundry-girls (2)	.	.	.	.	.	"	3 50
Laundry-girl	.	.	.	.	.	"	3 25
Laundry-girls (3)	.	.	.	.	.	"	3 00
Laundry-girls (2)	.	.	.	.	.	"	2 00
Cooks (2)	.	.	.	.	.	"	4 00
Kitchen-girls (4)	.	.	.	.	.	"	3 00
Kitchen-girl	.	.	.	.	.	"	3 50
Spare girls (2)	.	.	.	.	.	"	3 00

INVENTORY OF STOCK AND SUPPLIES

ON HAND SEPT. 30, 1881.

Live-stock on the farm	\$3,015 00
Produce of the farm on hand	1,190 00
Carriages and agricultural implements	2,036 50
Machinery and mechanical fixtures	37,000 00
Beds and bedding in inmates' department	15,079 00
Other furniture in inmates' department	7,221 30
Personal property of the State in the Superintendent's de- partment	11,849 80
Dry-goods	3,428 24
Provisions and groceries	2,282 08
Drugs and medicines	600 00
Fuel	1,000 00
Library	500 00
	<hr/>
	\$85,201 92

TREASURER'S REPORT.

I RESPECTFULLY submit the following report of the finances of this institution for the year ending Sept. 30, 1881, to the Trustees:—

ASSETS.

134 acres of land, at \$200 per acre	\$26,800 00	
Hospital building	275,000 00	
Brick barn and stable	8,000 00	
Laundry building	8,000 00	
Other buildings and wall	7,000 00	
	<hr/>	\$324,800 00

Personal Estate.

Stock and supplies on hand as per inventory appended to the Trustees' Report	\$85,201 92	
Reserve fund	4,000 00	
	<hr/>	\$114,001 92

RECEIPTS.

Received from the State Treasurer	\$21,162 92	
from towns	71,750 80	
from individuals	12,912 97	
from sale of bonds	5,093 50	
from other sales	1,068 48	
from interest	350 00	
	<hr/>	\$112,338 67

PAYMENTS.

Cash due treasurer Oct. 1, 1880	\$31 16	
1st. Salaries, wages, and labor	29,783 99	
2d. Provisions and supplies; viz., —		
Meats of all kinds	\$8,053 47	
Fish of all kinds	2,105 42	
	<hr/>	
<i>Amounts carried forward</i>	\$10,158 89	\$29,815 15

<i>Amounts brought forward</i>	.	.	.	\$10,158 89	\$29,815 15
Fruit and vegetables	.	.	.	2,979 48	
Flour and bread	.	.	.	6,845 67	
Grain and meal for table	.	.	.	354 68	
Grain and meal for stock	.	.	.	1,757 84	
Tea, coffee, and broma	.	.	.	2,620 38	
Sugar and molasses	.	.	.	5,217 28	
Milk, butter, and cheese	.	.	.	9,678 32	
Salt and other groceries	.	.	.	4,690 45	
					44,302 99
3d. Clothing	.	.	.	.	5,283 57
4th. Fuel and light	.	.	.	.	6,183 72
5th. Medicines and medical supplies	.	.	.	.	1,537 47
6th. Furniture, beds, and bedding	.	.	.	.	4,556 06
7th. Transportation	.	.	.	.	753 10
8th. Ordinary construction and repairs	.	.	.	.	7,721 48
9th. Extraordinary construction and repairs	.	.	.	.	7,967 58
10th. Miscellaneous expenses	.	.	.	.	4,237 01
					\$112,358 13

LIABILITIES.

Salaries and wages due Oct. 1, 1881	.	.	.	.	\$3,670 02
Miscellaneous bills due	.	.	.	.	11,329 98
Amount due Treasurer Sept, 30, 1881	.	.	.	.	19 46
					\$15,019 46

Due the institution for board Oct. 1, 1881, —

From towns	.	.	.	.	\$19,152 54
State	.	.	.	.	4,856 82
individuals	.	.	.	.	3,229 48
					\$27,238 84

SUMMARY.

Total receipts	.	.	.	.	\$112,338 67
Total payments	.	.	.	.	112,358 13
					\$19 46
Total liabilities	.	.	.	.	\$15,019 46
Total debts due the institution	.	.	.	.	27,238 84
					\$12,219 38
Total expenditures	.	.	.	.	\$112,358 13

Dividing this sum by 564, the average number of patients,

we have the annual cost of each patient . . . \$199 22

And the average weekly cost of . . . 3 83

12 LUNATIC HOSPITAL AT TAUNTON. [Oct.

Deducting from the current expenditures	\$112,358 13
The extraordinary construction and repairs	7,967 58
	<hr/>
	\$104,390 55

Dividing \$104,390.55 by 564, the average number of patients,	
we have the annual cost of each patient	\$185 09
And the average weekly cost of	3 56

JOHN KITTREDGE, *Treasurer.*

LUNATIC HOSPITAL, TAUNTON, Oct. 14, 1881.

The undersigned have this day examined the foregoing account, and find it correct.

WM. C. LOVERING,
GEO. HOWLAND, JUN.

FINANCIAL STATEMENT

OF THE APPROPRIATION MADE BY THE LEGISLATURE OF 1880 AND
1881 FOR AN EXTENSION OF THE REAR CENTRE BUILDING.

Amount of appropriation	\$25,000 00
Amount drawn to date	8,388 01
	<hr/>
Balance of appropriation	\$16,611 99

JOHN KITTREDGE, *Treasurer.*

TAUNTON, Sept. 30, 1881.

SUPERINTENDENT'S REPORT.

To the Trustees of the Taunton Lunatic Hospital.

GENTLEMEN, — With the close of another year, it becomes my duty to submit for your consideration the Twenty-eighth Annual Report, with the statistical tables, which exhibit the movement of population, the general results of treatment, and much other information in a condensed form.

TABLE NO. 1.

General Statistics of the Year.

	Males.	Females.	Total.
Patients in hospital Oct. 1, 1880 . . .	285	271	556
Admissions within the year . . .	152	120	272
Whole number of cases within the year .	437	391	828
Discharges within the year . . .	140	86	226
Viz.: as recovered . . .	39	18	57
much improved . . .	17	17	34
improved . . .	28	24	52
unimproved . . .	56	26	82
not insane . . .	—	1	1
Deaths . . .	27	27	54
Patients remaining Sept. 30, 1881 . .	270	278	548
Viz: supported as State patients . .	49	47	96
town patients . . .	196	200	396
private patients . . .	26	30	56
Number of different persons within the year,	426	387	813
admitted . . .	148	119	267
recovered . . .	39	18	57
Daily average number of patients . .	284.2	279.9	564.1

TABLE NO. 2.

Monthly Admissions, Discharges, and Averages.

MONTHS.	ADMISSIONS.			DISCHARGES (Including Deaths).			DAILY AVERAGE OF PATIENTS IN THE HOUSE.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
1880.									
October	15	8	23	13	9	22	286.7	269.6	556.3
November	9	5	14	10	11	21	285.5	268.1	553.6
December	15	14	29	30	6	36	281.4	269.3	550.7
1881.									
January	14	18	32	8	4	12	275.7	280.8	556.5
February	10	4	14	6	11	17	280.9	282.3	563.3
March	18	15	33	11	6	17	285.1	283.2	568.3
April	15	7	22	18	11	29	288.9	285.6	574.5
May	15	6	21	13	8	21	287.3	282.2	569.5
June	7	8	15	10	6	16	285.7	283.0	568.7
July	10	9	19	4	7	11	286.4	286.8	573.2
August	13	18	31	16	16	32	282.7	281.7	564.4
September	11	8	19	28	18	46	284.6	285.6	570.2
Total of cases,	152	120	272	167	113	280	284.2	279.9	564.1
Total of persons	148	119	276	164	111	275	-	-	-

TABLE NO. 3.

Received on First and Subsequent Admissions.

NUMBER OF THE ADMISSION.	CASES ADMITTED.			TIMES PREVIOUSLY RECOVERED.		
	Males.	Females.	Total.	Males.	Females.	Total.
First	111	91	202	-	-	-
Second	26	15	41	6	4	10
Third	5	5	10	3	2	5
Fourth	4	6	10	2	6	8
Fifth	2	2	4	2	2	4
Sixth	2	1	3	2	1	3
Seventh	2	-	2	2	-	2
Total of cases	152	120	272	17	15	32
Total of persons	148	119	267	15	14	29

TABLE NO. 4.

Ages of Persons admitted for the First Time.

AGES.	AT FIRST ATTACK OF INSANITY.			WHEN ADMITTED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Fifteen years and less . . .	3	—	3	1	—	1
From 15 to 20 years . . .	9	8	17	8	3	11
20 to 25 years . . .	8	9	17	11	10	21
25 to 30 years . . .	18	8	26	19	6	25
30 to 35 years . . .	7	19	26	14	15	29
35 to 40 years . . .	14	9	23	13	13	26
40 to 50 years . . .	16	14	30	24	18	42
50 to 60 years . . .	10	7	17	14	8	22
60 to 70 years . . .	4	9	13	6	9	15
70 to 80 years . . .	—	7	7	—	6	6
Over 80 years . . .	—	—	—	1	3	4
Unknown . . .	22	1	23	—	—	—
Totals . . .	111	91	202	111	91	202

TABLE NO. 5.

Parentage of Persons admitted.

PLACES.	MALES.		FEMALES.		TOTAL.	
	Father.	Mother.	Father.	Mother.	Father.	Mother.
Massachusetts . . .	47	45	31	30	78	75
Vermont . . .	1	2	2	2	3	4
Maine . . .	7	6	6	6	13	12
Rhode Island . . .	1	1	—	1	1	2
New Hampshire . . .	1	1	2	2	3	3
Pennsylvania . . .	1	1	—	—	1	1
South Carolina . . .	1	2	1	1	2	3
Virginia . . .	—	1	2	2	2	3
New York . . .	3	4	2	2	5	6
New Jersey . . .	—	—	1	1	1	1
Ireland . . .	49	50	55	56	104	106
England . . .	6	6	8	7	14	13
Germany . . .	5	6	3	4	8	10
Italy . . .	1	1	—	—	1	1
Sweden . . .	2	2	2	2	4	4
Norway . . .	1	1	—	—	1	1
Russia . . .	1	1	—	—	1	1
Western Islands . . .	2	2	—	—	2	2
Dominion of Canada . . .	10	9	4	3	14	12
Unknown . . .	13	11	1	1	14	12
Totals . . .	152	152	120	120	272	272

TABLE NO. 6.
Residence of Persons admitted.

PLACES.	Males.	Females.	Total.
County, Bristol	49	34	83
Plymouth	20	12	32
Barnstable	3	3	6
Nantucket	1	—	1
Suffolk	58	54	112
Norfolk	17	16	33
Middlesex	2	1	3
Dukes	2	—	2
Totals	152	120	272
Cities or large towns	105	88	193
Country districts	47	32	79

TABLE NO. 7.
Civil Condition of Persons admitted.

NUMBER OF THE ADMISSION.	UNMARRIED.			MARRIED.			WIDOWED.			UNKNOWN.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
First	56	26	82	43	36	79	6	27	33	6	2	8
Second	12	3	15	12	8	20	2	4	6	—	—	—
Third	3	1	4	2	4	6	—	—	—	—	—	—
Fourth	1	2	3	3	4	7	—	—	—	—	—	—
Fifth	1	1	2	1	1	2	—	—	—	—	—	—
Sixth	2	—	2	—	1	1	—	—	—	—	—	—
Seventh	2	—	2	—	—	—	—	—	—	—	—	—
Totals	77	33	110	61	54	115	8	31	39	6	2	8

TABLE NO. 8.
Occupations of Persons admitted.

OCCUPATIONS.	Males.	Females.	Totals.
Laborer	48	—	48
Housekeeper	—	87	87
Domestic	—	24	24
Operative	13	5	18
Iron-worker	6	—	6
Currier	1	—	1
Printer	3	—	3

TABLE No. 8—Concluded.

OCCUPATIONS.	Males.	Females.	Total.
Cigar-maker	2	—	2
Carpenter	7	—	7
Farmer	7	—	7
Unknown	5	—	5
Insurance Agent	1	—	1
No occupation	10	—	10
Tailor	3	—	3
Fisherman	3	—	3
Mariner	5	—	5
Jeweller	2	—	2
Cooper	1	—	1
Brick-mason	5	—	5
Trader	8	—	8
Confectioner	2	—	2
Wood-engraver	1	—	1
Brakeman	1	—	1
Shoemaker	6	—	6
Hostler	1	—	1
Silver-smith	1	—	1
Artist	1	—	1
Clerk	4	—	4
Blacksmith	2	—	2
Musician	1	—	1
Butcher	2	—	2
Teacher	—	2	2
Dressmaker	—	2	2
Totals	152	120	272

TABLE No. 9.

Reported Duration of Insanity before Last Admission.

PREVIOUS DURATION.	FIRST ADMISSION TO ANY HOSPITAL.			ALL OTHER ADMISSIONS.			TOTAL.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Congenital	1	—	1	1	—	1	2	—	2
Under 1 month	28	11	39	11	10	21	39	21	60
From 1 to 3 months	9	19	28	3	3	6	12	22	34
3 to 6 months	14	12	26	3	2	5	17	14	31
6 to 12 months	13	8	21	—	1	1	13	9	22
1 to 2 years	5	8	13	3	4	7	8	12	20
2 to 5 years	12	7	19	11	7	18	23	14	37
5 to 10 years	3	7	10	10	7	17	13	14	27
10 to 20 years	2	—	2	6	4	10	8	4	12
Over 20 years	—	1	1	2	—	2	2	1	3
Unknown	14	9	23	1	—	1	15	9	24
Total of cases	101	82	183	51	38	89	152	120	272
Total of persons	—	—	—	—	—	—	148	119	267

TABLE No. 10.

Form of Disease in Cases admitted.

FORM OF DISEASE.	Males.	Females.	Total.
Mania, acute	40	33	73
Mania, chronic	39	27	66
Melancholia	25	28	53
Dementia	28	18	46
Paresis	8	—	8
Brain disease	5	5	10
Epileptic	5	9	14
Congenital imbecility	2	—	2
Total of cases	152	120	272
Total of persons	148	119	267

TABLE No. 11.

Probable Causes of Insanity in Cases admitted.

CAUSES.	Males.	Females.	Total.
Physical. — Intemperance	26	5	31
Sunstroke	2	2	4
Senility	2	14	16
Epilepsy	5	9	14
Masturbation	15	—	15
Blow on the head	3	—	3
Congenital	2	—	2
Overwork	2	3	5
Paralysis	3	—	3
Typhoid fever	1	—	1
Rheumatism	1	1	2
General dissipation	1	—	1
Menopause	—	6	6
Puerperal	—	6	6
Syphilis	—	1	1
Ill-health	—	2	2
Moral. — Loss of property	3	1	4
Disappointment	2	1	3
Opium-habit	1	—	1
Fright	1	2	3
Domestic affliction	—	4	4
Religious excitement	—	2	2
Loss of friends	—	4	4
Predisposing. — Previous attacks	29	13	42
Hereditary predisposition	24	13	37
Unknown	29	31	60
Totals	152	120	272

TABLE No. 12.

Relation to Hospitals of Persons admitted.

HOSPITAL RELATIONS.	Males.	Females.	Total.
First admission to any hospital for insane .	101	82	183
Former inmates of this hospital	39	22	61
of Worcester	—	2	2
of Danvers	5	6	11
of McLean Asylum	1	—	1
of South Boston	1	—	1
of Danvers and Worcester .	—	1	1
Former inmates of this hospital and of other hospitals in this State, —			
Danvers	1	1	2
Worcester	1	2	3
McLean Asylum	—	1	1
Worcester and North- ampton	—	1	1
Former inmates of this hospital and of hos- pitals in other States	1	2	3
Former inmates of other hospitals in this State (Danvers and Worcester) and of hospitals in other States	2	—	2
Totals	152	120	272

TABLE No. 13.

How supported.

SUPPORTED AS	PATIENTS ADMITTED.		
	Males.	Females.	Total.
State patients	50	39	89
Town patients	97	77	173
Private patients	5	4	10
Totals	152	120	272

TABLE NO. 14.
Discharges classified by Admission and Result.

ADMISSION.			RECOVERED.			MUCH IMPROVED.			IMPROVED.			UNIMPROVED.			DIED.			TOTAL.		
			Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
First .	.	.	27	13	40	11	12	23	23	17	40	48	20	68	21	25	46	130	87	217
Second	.	.	10	2	12	4	1	5	5	3	8	6	4	10	5	2	7	27	12	39
Third	.	.	1	1	2	1	2	3	1	2	3	2	1	3	1	1	2	5	5	10
Fourth	.	.	1	3	4	1	1	2	2	4	6	1	1	2	1	1	2	3	6	9
Fifth	.	.	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
Seventh	.	.	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Thirteenth	.	.	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Not insane	.	.	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Total of cases .	.	.	39	18	57	17	17	34	28	24	52	56	26	82	27	27	54	167	113	280
Total of persons	.	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	164	111	275

TABLE No. 15.

Cases discharged Recovered. — Duration.

PERIOD.	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION FROM THE ATTACK.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Congenital	—	—	—	—	—	—	—	—	—
Under 1 month	16	8	24	6	—	6	1	—	1
From 1 to 3 months	7	4	11	12	2	14	8	1	9
3 to 6 months	5	—	5	11	9	20	10	3	13
6 to 12 months	3	1	4	5	5	10	8	6	14
1 to 2 years	—	1	1	4	—	4	4	1	5
2 to 5 years	1	—	1	1	—	1	1	1	2
5 to 10 years	1	—	1	—	2	2	1	2	3
10 to 20 years	—	—	—	—	—	—	—	—	—
Over 20 years	—	—	—	—	—	—	—	—	—
Unknown	6	4	10	—	—	—	6	4	10
Total of cases	39	18	57	39	18	57	39	18	57
Total of persons	39	18	57	39	18	57	39	18	57
Average of known cases (in months)	4.4	2.6	7.0	4.5	17.5	22.0	8.9	20.1	29.0

TABLE No. 16.

Cases resulting in Death. — Duration.

PERIOD.	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION FROM THE ATTACK.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Congenital	—	—	—	—	—	—	—	—	—
Under 1 month	3	2	5	1	4	5	—	1	1
From 1 to 3 months	2	3	5	3	5	8	1	2	3
3 to 6 months	2	1	3	1	1	2	2	1	3
6 to 12 months	3	1	4	7	3	10	1	—	1
1 to 2 years	3	5	8	6	—	6	2	3	5
2 to 5 years	7	4	11	5	9	14	12	5	17
5 to 10 years	1	3	4	3	1	4	2	4	6
10 to 20 years	—	1	1	—	2	2	—	2	2
Over 20 years	—	2	2	1	2	3	1	4	5
Unknown	6	5	11	—	—	—	6	5	11
Totals	27	27	54	27	27	54	27	27	54
Average of known cases (in months)	43.8	16.7	30.2	31.6	49.1	40.3	75.4	97.4	86.4

TABLE No. 17.

Cases discharged by Recovery or Death. — Form of Insanity.

FORM OF INSANITY.	RECOVERIES.			DEATHS.		
	Males.	Females.	Total.	Males.	Females.	Total.
Mania, acute . . .	29	9	38	3	3	6
Mania, chronic . . .	1	2	3	6	6	12
Epilepsy	—	—	—	4	3	7
Paresis	—	—	—	6	2	8
Dementia	—	—	—	7	9	16
Organic brain-disease . . .	—	—	—	1	2	3
Melancholia	9	7	16	—	2	2
Total of cases . . .	39	18	57	27	27	54
Total of persons . . .	39	18	57			

TABLE No. 18.

Causes of Death.

CAUSES.	Males.	Females.	Total.
Mania, acute	2	3	5
Mania, chronic	9	6	15
Epilepsy	4	3	7
Paresis	6	2	8
Apoplexy	1	3	4
Paralysis	1	2	3
Organic brain-disease . . .	1	2	3
Phthisis	2	1	3
Old age	—	4	4
Drowning	1	—	1
Ascites	—	1	1
Totals	27	27	54

TABLE No. 19.
Deaths, classified by Results of Previous Admissions.

NUMBER OF THE ADMISSION.	RECOVERED.			MUCH IMPROVED.			IMPROVED.			UNIMPROVED.			TOTAL.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
First	.	.	.	-	-	-	4	2	6	2	-	2	6	2	8
Second	.	.	.	-	-	-	-	-	-	-	-	-	-	-	-
Third	.	.	.	-	-	-	-	-	-	-	-	-	-	-	-
Totals	.	.	.	-	-	-	4	2	6	2	-	2	6	2	8

TABLE NO. 20.*
Recoveries, classified by Results of Previous Admissions.

NUMBER OF THE ADMISSION.	RECOVERED.			MUCH IMPROVED.			IMPROVED.			UNIMPROVED.			TOTAL.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
First	9	5	14	-	-	-	-	-	-	-	-	-	9	5	14
Second	1	3	4	-	-	-	1	-	-	-	-	-	2	3	5
Third	-	2	2	-	-	-	1	1	2	-	-	-	1	3	4
Fourth	1	1	2	-	-	-	-	-	-	-	-	-	1	1	2
Fifth	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Sixth	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Seventh	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Eighth	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Ninth	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Tenth	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Eleventh	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Twelfth	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Totals	19	11	30	-	-	-	2	1	3	-	-	-	21	12	33

* In this table one man shows 12 results, another man 2; two women 3 each, and another woman 4.

TABLE No. 21.

Deaths, classified by Duration of Insanity and of Treatment.

PERIOD.	DURATION OF INSANITY.			WHOLE KNOWN PERIOD OF HOSPITAL RESIDENCE.		
	Males.	Females.	Total.	Males.	Females.	Total.
Congenital	—	—	—	—	—	—
Under 1 month	—	1	1	1	4	5
From 1 to 3 months	1	3	4	4	3	7
3 to 6 months	2	—	2	1	3	4
6 to 12 months	—	1	1	8	2	10
1 to 2 years	3	4	7	4	—	4
2 to 5 years	11	5	16	7	10	17
5 to 10 years	4	3	7	—	1	1
10 to 20 years	—	1	1	1	2	3
Over 20 years	1	4	5	1	2	3
Unknown	5	5	10	—	—	—
Total of cases	27	27	54	27	27	54
Average of known cases (in months)	42.4	80.6	64.0	28.0	52.7	40.3

TABLE No. 22.

Ages of those who Died.

AGES.	AT TIME OF FIRST ATTACK.			AT TIME OF DEATH.		
	Males.	Females.	Total.	Males.	Females.	Total.
Fifteen years and less	—	1	1	—	—	—
From 15 to 20 years	3	—	3	1	—	1
20 to 25 years	4	—	4	3	—	3
25 to 30 years	—	—	—	1	—	1
30 to 35 years	2	4	6	3	1	4
35 to 40 years	3	3	6	4	2	6
40 to 50 years	4	6	10	6	6	12
50 to 60 years	2	2	4	3	5	8
60 to 70 years	4	4	8	2	7	9
70 to 80 years	2	5	7	3	3	6
Over 80	—	—	—	1	3	4
Unknown	3	2	5	—	—	—
Totals	27	27	54	27	27	54

[illegible]

1875	.	15	10	25
1876	.	17	24	41
1877	.	19	25	44
1878	.	23	21	44
1879	.	12	7	19
1880	.	13	11	24
1881	.	12	10	22
Totals	.	260	284	544

The past year has been marked by a more rapid movement of population than either of the two preceding. A larger number of persons has been admitted, and a larger number discharged. At the beginning of the year, there were in the hospital 556 patients,—285 men and 271 women. Two hundred and seventy-two have since been admitted,—152 men and 120 women; making the whole number of cases under treatment 828, which is considerably above that of last year. Two hundred and eighty have been discharged and removed, including the deaths; and the year closed with 548, of whom 270 were men and 278 women; of those discharged, 57 were recovered, 34 much improved, and 52 unimproved. Five of those admitted during the year have been discharged and re-admitted; and of those in the hospital at the beginning of the year, ten have been discharged and re-admitted, which reduces to 813 the whole number of persons under treatment. Seventy have been removed to other State institutions, as follows:—twenty men to the Worcester Lunatic Hospital; seven men and eight women to the Asylum for the Chronic Insane at Worcester; 17 men and 18 women to the State Almshouse at Tewksbury. Eighteen patients of the supposed quiet and harmless class have been discharged to the Overseers of the Poor, to be cared for in city and town almshouses. Of those admitted, 125 have been insane less than six months; and 147 less than one year. If all who have been insane less than one year are regarded as recent cases, above fifty per cent of all admitted would be classed as recent, which is a percentage somewhat above that of last year. Sixty-five patients, or nearly one-fourth part of all admitted during the year, have previously been inmates of this hospital one or more times. Some of them were relapsed cases, whose insanity returned soon after leaving the hospital; some were cases of chronic insanity, whose condition had not materially changed since their discharge; while others were persons who had recovered from a former attack, and continued in good health for a considerable period before the attack for which they were re-admitted. It would be difficult to determine with exactness how many of each class were admitted; and I have not made the attempt. It would be, however, manifestly incorrect to tabulate all of them as relapsed cases. Certainly the

chronic class should not be called relapsed simply because of their re-admission, which may have been done for other reasons than a change in their condition; nor should those who have previously recovered, and continued well for a period of years. The incorrectness, as well as the injustice to some, of classifying all re-admissions as relapses may be seen by the following illustrations: a young woman has acute mania before twenty years of age, and makes a good recovery. Five or ten years later, she marries, and, after the birth of a child, has puerperal mania. Shall we call the latter a relapse of the acute mania? A woman has puerperal mania at the age of twenty or twenty-five, recovers, and twenty years after, at the climacteric period, has an attack of melancholia. Is the melancholia a relapse of the puerperal mania? Again, a young man has acute mania, recovers, and continues well until middle or advanced life, when he has an attack of melancholia; and the records of any of our older hospitals will show not a few such cases. Shall we call the melancholia in his case a relapse of the acute mania which he had in early life? It seems to me it should be called a new attack, as clearly as though he had not been insane before. It therefore would appear to me manifestly incorrect, either from a medical point of view or for the purposes of social science, to classify all cases of re-admission to a hospital as relapsed cases. In examining the table of forms of insanity of those admitted during the year, it will be seen that a large percentage of them was suffering from organic brain disease. The statistics of this hospital during the last decade will show that this form of insanity has been steadily increasing, which, no doubt, has been a large factor in diminishing the number of recoveries and increasing that of deaths during the same period, as nearly all this class are incurable when committed to the hospital, if not at the beginning of the disease.

We are able to report a low rate of mortality, lower than for some years with the exception of last year. The whole number of deaths was 54, of whom 27 were men and 27 women. The rate of mortality was 6.4 on the whole number under treatment, and 9.5 on the average number. Nearly all the deaths were the necessary results of the cerebral affections which caused the mental condition in consequence of

which it became necessary for the persons to be committed to the hospital. Eight died from paresis, — six men and two women. Apoplexy removed four. Epilepsy caused the death of seven, a larger number than usual; and one epileptic died from other complications. Five died from acute mania. Fifteen were worn out from chronic mania and senile insanity; three from chronic insanity with paralysis; three from organic brain disease. Three died from phthisis; four from old age; and one from drowning. The circumstances of his death were as follows: while out walking with the usual number from his ward, and coming up the avenue at a point near the river, he suddenly broke from the others and ran into the water beyond his depth. He was followed by one of the attendants, and, with the help of a man from the other side of the river, with a boat, was taken from the water and removed to the shore before life was extinct; but all effort to resuscitate him failed. Whether his death was intentional on his part, or whether it was the result of a confused attempt to escape, is only known to Him who knoweth all things. He had not previously shown, by word or act, the least inclination to self-injury; and the circumstances of his death alone would not warrant the conclusion that his act was premeditated, or that he intended to commit suicide, and I have simply reported the case as death by drowning.

Two deaths occurred among the employés of the hospital. George L. Lester, an attendant, died suddenly, after an illness of two days, from œdema of the glottis. He had been here but one week, but this short period gave promise of success in the work if his life had been spared. George N. Foster died of typhoid fever after an illness of two weeks. He had been in the service of the hospital for a period of three years. He was faithful and conscientious in the discharge of his duties, and respected for his purity of character and rectitude of principles. There was no other case of fever, and this is the only one which has occurred for a number of years.

Several cases of measles appeared among the employés and inmates, but all of them were of mild form, and made rapid and complete recoveries. During the winter one of the male attendants was seized with diphtheria of a mild type, which caused us some anxiety; but he made a good

recovery in due time, and no other cases followed. With these exceptions, the health of all the residents of the hospital has been good. There have been eight elopements during the year, which is a smaller number than usual, and especially so in view of the fact that more patients have been paroled, and a larger liberty given them, than heretofore. About fifty patients have had the liberty of the grounds, and only one of that class eloped. He was returned after several months, and again given his parole, which he faithfully kept until he was discharged. I am led to believe that paroles, cautiously given, do not increase the number of elopements. As usual, all classes of patients have, during the warm months, spent much time in the open air in care of the attendants, either walking or occupying the seats under the grateful shade of the forest trees. I am impressed more and more each year with the cheerful and quiet beauty of the hospital grounds, and their special adaptation to the purposes for which they are used. If the farm is one of the poorest for raising cabbages and corn, its dry soil and shady groves are unsurpassed for affording pleasant and health-giving exercise to the inmates, and that is worth more to them than larger crops and greater profits.

EMPLOYMENT OF PATIENTS.

Many of the patients have been regularly employed during the year. About fifty men have worked on the farm. Not all at one time, but in parties of ten or twelve, the persons being changed frequently, so as to give all who are able and wish to work opportunity for it. Some who need but little supervision have had constant employment. There has been some profit from this labor, but not so much as might seem probable at first thought. Most of the profit has come from raising vegetables. One hired man, with what assistance he has had from patients, has cultivated about six acres of vegetables, — mostly the coarser kinds which are fed to the stock. The yield has been good, and the profit will be considerably above the expense of cultivation. But the benefit to the patients cannot be estimated in dollars and cents. Besides on the farm, men have been employed, as usual, in the laundry, the boiler-house, the carpenter-shop, at the barn and piggery, in the kitchen and bakery, and in

the basement, assisting the porter in the distribution of the food to the several halls. Some are always employed about the grounds, under the direction of a responsible person. Cultivation of the land is the most suitable and health-giving employment for the men; it keeps them in the open air, and that of itself is a desirable thing to accomplish. It is not difficult to find out-door employment for six months of the year; but how to provide work for the other six months is quite difficult. In the construction of the new building a room has been provided which can be used as a workroom for men, and we hope to devise some suitable employment for the cold season for some of those who are able and willing to work. Many of the women find employment in our large, pleasant, and airy sewing-room. About forty women, who were unfitted to leave the halls, have been employed in knitting and sewing, under the direction of an attendant, who spends her whole time in charge of the work, going from one hall to another, looking after and assisting each patient as it may be necessary. The work is closely supervised and well done. The value of the articles when finished, above paying for the material, will exceed the wages of the person who has the work in charge. This was in the nature of an experiment, and I regard it as quite successful, inasmuch as most of the inmates thus employed are of a class that for one reason and another are unable to go to the sewing-room. A considerable number of women have been employed in the kitchen and laundry, and in other general work about the house, while some of both sexes have found daily employment in the halls and in the dining-rooms, assisting the attendants. In these various ways thus indicated about one hundred and fifty have been employed more or less constantly. This is not a large number compared with the whole number of inmates in the hospital; but it is about as many as can be employed with our present facilities for devising work suitable for our class of patients. When the attempt is made to increase very much the number of workers and the amount of work done, we are met in the outset by obstacles which in their nature are difficult, and some of them impossible, to overcome, and which may be thus stated. First, the inability of many of the insane to work, either from physical or mental incapacity, or from both; second, the un-

willingness of many of those who are able, and the objections to using any compulsory measures to compel them; and third, the difficulty of providing suitable employment for the men in the winter season, when work cannot be done on the farm. But the larger part of the inmates of all hospitals for the insane are incapable of any labor. Many are too feeble in body and mind to dress and undress themselves without assistance; and the mental and physical powers of many more are so seriously impaired as to unfit them for anything like continuous labor. And what else can be expected, if we regard the insane as so many sick people whose insanity is caused by a diseased and impaired condition of the brain and nervous system? The community should understand that the greater portion of the insane are incapacitated for any work, and that the day will never come when our hospitals will be converted into workshops for profitable labor. There can be no doubt, however, that many are benefited by suitable labor, and every physician of extended experience in the treatment of insanity has seen not a few cases where systematic occupation gave the first impulse to recovery. What is needed is diversity of employment to meet different cases. Work, as a curative measure, should suit the taste of the individual, that it may give pleasure to the mind as well as exercise to the muscles.

REPAIRS AND IMPROVEMENTS.

Several needed improvements in the interior of the building have been made during the year. Early in the autumn, the chapel was painted and frescoed in a tasteful and artistic manner, by Mr. W. J. McPherson, of Boston, Mass. Its ventilation was improved by putting one of Hyne's ventilators on the roof, and making an opening of three feet in diameter, through the ceiling, into the flue which conducts the air into it. The chapel will not be completed as it should be until a new floor is laid and the library removed from it, which we hope to accomplish the coming year. Repairs in the halls have been continued; and, during the winter months, while they were under steam heat, new floors were laid in two of them, the best quality of hard pine being used. The walls and woodwork were painted after the floors were finished; the doors and trimmings being done in cheerful parti-

colors. The cost of keeping well painted so extensive a building, subjected to such hard usage as is a hospital for the insane, is no small item. Two painters have been constantly employed, who have been hardly able to keep the interior in good repair; and, whenever the exterior is repainted, more painters will be needed. Last autumn, before the approach of cold weather, a new steam boiler was procured and set. It became evident during the previous winter that the four boilers, in the coldest weather, were taxed to their fullest capacity to warm the house; and it was not thought safe to go through the next winter without extra provision being made for making steam in case of accident to any one of them. Before putting in the new boiler, the merits of different boilers were examined by our engineer, Mr. Rufus D. Godding; and it was finally decided to obtain the compound tubular steam boiler, manufactured by E. H. Ashcroft, of Boston, Mass. One year's trial of it has proved it to be superior in all respects. It makes more steam with the same fuel than either of the old ones. Its diameter is fifty-four inches; length of tubes, fourteen feet; diameter of tubes, three inches. It is rated at one hundred horse-power. It makes steam rapidly, economically, and is satisfactory in every respect.

New furniture for the halls has been made of the same pattern as that before in use. During the past three years, all the halls except two have been supplied with new furniture, the greater part of which has been made in our own workshop. By making it here, a better article has been obtained at less cost, and without any sacrifice of style or beauty of workmanship. The halls are now well supplied with furniture suitable to the class of patients who occupy them. The settees in the convalescent wards occupied by women are made of black-walnut, and are upholstered. Some of them have been in use three years, and are now but little injured. The new settees in two of the halls for the men have been finished and upholstered in the same manner, with hair cushions. Some changes have been made in the basement and its condition much improved. A brick floor has been laid under the centre building, three inches lower than the old floor of cement, which had become worn out, and old partitions no longer needed have been removed, admitting more light and

air, rendering the whole effect more cheerful. The tramway for carrying the food to the several wings has been repaired and lowered; the plank floor between the rails having been removed, and a new floor of bricks, grouted, laid several inches lower than the old one. It has much improved this part of the basement as a thoroughfare for carrying the food; and the porter can now follow the car without bowing his head as he passes under the floor-timbers. The air chambers containing the steam radiators for heating the halls have been shut off from the rest of the basement by locked doors, so that no one can enter them unless provided with the proper key. This will prevent meddlers from tampering with the steam apparatus, and lessen the danger from fires being started in the basement by irresponsible persons.

EXTENSION OF THE REAR CENTRE.

The Resolve of the last Legislature appropriating twenty-five thousand dollars for building an extension of the rear centre was approved May 12. Immediately after, men were employed to get out the stone for the cellar-wall, all of which were obtained from the hospital grounds. About the first of June, excavation for the cellar was begun, and advanced as rapidly as possible; but it was not completed, including the laying of the cellar wall and setting of the underpinning stone and belting, ready for the masons, until the first of August. In digging the cellar it became necessary to remove the brick arches which carried the steam-pipes to the new wings, as it was found they crossed each end of the cellar diagonally. New arches were built, starting from the point where the main arch enters the basement, extending in straight lines to the wings and at right angles to the rear centre. The excavation for these was made while the cellar was being dug, as it could be done to better advantage in connection with that work, and at less cost. The arches were built while the cellar-wall was being laid, and was completed without any delay to the new building. Since the first of August the building has advanced rapidly. At the present writing the walls are laid, the roof is being put on, and will be slated early in November. It is not certain at this date that the building can be completed within the appropriation, which was five thousand dollars less than the

estimated cost by your board. The price of labor and nearly all building material has advanced at least ten per cent since the appropriation was made. No part of the work has been done by contract except the underpinning and belting, the slating, the window-sashes, and water-tank. All the rest will be done by the day. Good material is being put into it, and the whole is being done as economically as is consistent with thorough construction. A brief description of the building, as a matter of record, may not be out of place. The outside dimensions are ninety-six feet by forty-five. The height is three stories. It is built against the end of the rear centre, at right angles with it, each end projecting twenty-eight feet beyond it. The cellar extends under the whole building, and is nine feet below the surface of the ground, which is sufficient depth to give it a cool and even temperature. The steam-pipes for heating the hospital pass through the middle of the cellar, but the passage-way for them is separated from the space on each side by two brick walls, which will prevent the heat, radiating from the pipes, from passing through. The cellar is divided into two parts by these walls, with no communication between them, which makes of them practically two cellars. On the first floor are two large rooms, one on either side of the passage-way which leads from the rear entrance to the kitchen. The one on the east side is thirty-four feet by forty-two; the one on the west, thirty-four by twenty-nine. These will be used for storing supplies for the kitchen. At the side of the passage-way near the rear entrance, where all the goods for the hospital will be received, an elevator will be built, running from the cellar to the attic, which will be used for lowering to the cellar, or lifting to the stories above, all heavy articles. At the south-west end of the first story will be constructed a refrigeratory and cool-room to take the place of those now in use, and allow the space they occupy to be used for other purposes. In front of and adjoining the cool-room will be a room thirteen by seventeen feet, designed for cutting and preparing the meats for cooking, work which is now done in the space near the kitchen door, much to the discomfort and annoyance of all who have occasion to pass that way while it is going on. On the second floor are two rooms, each forty-two feet by thirty-four, designed for workrooms for patients; the one on the east side for a sewing-room, and

the one on the west for a workroom for men. The floor of the third story is raised fifteen inches above the level of the floor of the old building, which gives to the second story a height of nearly twelve feet in the clear. This will render the workrooms more cheerful and airy, and improve the ventilation. The attic floor is also elevated so as to give the third story the same height as the stories of the old building. This story will be finished into eight sleeping-rooms for the help, each of them being fourteen feet by seventeen, which is sufficiently large for two beds, if it should be necessary to put in as many.

An important feature of the building, when completed, will be the brick tower, rising thirty feet or more above the ridge, supported by four brick piers. It will contain the iron tank for water, with a capacity of eighteen thousand gallons. The tank will be elevated twenty feet above those now in use in the old attics. This extra height will increase the pressure of hot water in the upper halls, which is now deficient, and will afford greater security in case of fire, or accident to the pumps, or water supply from the city.

The completion of the building will necessitate some changes in what is now the rear centre, which can be made the coming year.

FINANCE.

The finances of the hospital continue in a sound condition, as may be seen by the report of the Treasurer. The amount due the institution at the end of the year exceeded the liabilities by \$12,219.38. The annual and weekly cost of each patient has been slightly above that of the preceding year.

ACKNOWLEDGMENTS.

The editors of "The Old Colony Memorial," "The Gospel Banner," and "The Daily Mercury," have, with their usual generosity, sent their papers to the hospital free of charge.

We have had the usual number and variety of entertainments in the chapel, most of which were prepared and given by members of our household, to whom cordial thanks are due. We have also been aided in this department by friends from this city and New Bedford. Special mention should be made of a fine musical entertainment given in the chapel by Mr. J. E. DeBlois, and several gentlemen and ladies from this city.

A very amusing comedy was presented by one of the amateur dramatic clubs of Taunton. A pleasing entertainment, consisting of select readings and recitations, was given by several young ladies from New Bedford, pupils in elocution of Mrs. J. Augustus Brownell. The children of St. John's Parish, through the kindness and under the direction of Mrs. Spear, delighted our patients again this year by giving, in the chapel, the beautiful Cantata "Laila." Mr. William C. Lovering, one of the Trustees, gave a very excellent and interesting entertainment by reading selections from different authors; Rev. M. Hervey, a very instructive lecture on the Microscope and its uses. Miss Blake, and other young ladies from Taunton, entertained and amused the patients one evening with tableaux and the "Fan Drill." To all of these kind friends thanks are due.

Our thanks are also due to Mr. C. R. Vickery, formerly one of the Trustees, and always a friend, of the hospital, for his generous gift of several volumes of "Harpers' Magazine," "The Atlantic Monthly," and "Littell's Living Age;" to the Managers of the Mosher Fund of the New England Yearly Meeting of Friends, for several books presented to the Hospital library, through the kindness of Mr. George Howland, jun.; to the Bristol County Agricultural Society, for extending to the inmates and residents of the hospital free admission to its grounds during the recent fair. No changes have occurred among the officers of the hospital during the year. In closing this report, it gives me great pleasure to bear witness, as I have before, to the faithful and efficient service rendered the hospital, by those associated with me in the care of the patients, and the general management of the institution.

In all the duties and responsibilities of my position, my labor has been lightened and my zeal increased by the consciousness that, in every effort to improve the condition and surroundings of those under my care, I have, gentlemen, your cordial sympathy and support. Knowing your interest in this great work will not be abated, and relying upon your aid and counsel in the future, as I have in the past, I cheerfully turn to the labors and duties of another year.

J. P. BROWN,

Superintendent.

PUBLIC DOCUMENT.

No. 22.

TWENTY-NINTH ANNUAL REPORT
OF
THE TRUSTEES
OF THE
STATE LUNATIC HOSPITAL
AT TAUNTON,
FOR THE YEAR ENDING SEPTEMBER 30, 1882.

BOSTON :
WRIGHT & POTTER PRINTING CO., STATE PRINTERS,
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OFFICERS

OF THE

TAUNTON LUNATIC HOSPITAL.

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RESIDENT OFFICERS.

JOHN P. BROWN, M.D.	<i>Superintendent.</i>
WILLIAM H. GAGE, M.D.	<i>Assistant Physician.</i>
MARCELLO HUTCHINSON, M.D.	<i>Assistant Physician.</i>
JOHN KITTREDGE	<i>Clerk.</i>
RUFUS D. GODDING	<i>Engineer.</i>

TREASURER.

JOHN KITTREDGE	TAUNTON.
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Office at the Hospital.

Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

Agreeably to the provisions of law, the Trustees of the Taunton Lunatic Hospital respectfully submit their twenty-ninth annual report.

The tables accompanying the Superintendent's report, which is herewith transmitted, give in detail the operations of the hospital and the movement of its population for the past year. We refer you to the report of the Treasurer for its financial transactions and condition.

By an inspection of Table No. 1 of the report of the Superintendent, it appears that the number of patients remaining in the hospital Oct. 1, 1881, was 548 — 270 males and 278 females. Number admitted since, 238 — 133 males and 105 females; making the grand total of 786 patients which were under treatment during the year. The daily average number under treatment was a fraction less than 561.

There were discharged during the year 143 persons — 74 males and 69 females. The number of persons removed by death was 75 — 45 males and 30 females. The discharges, including the deaths, were accordingly 218, which, deducted from the grand total of 786 patients, left remaining in the hospital Sept. 30, 1882, 568 patients in all, of whom 284 were males, and the same number, 284, were females.

The whole number under treatment during the year was, as before stated, 786 patients, while the whole number under treatment the previous year was 828, showing a decrease in the year of 42 patients. The number of admissions in the year just closed was 238, as against 272 in the previous

year, showing also a decrease of 34 patients in the number admitted.

The number of deaths in the hospital during the past year has been 75 — 45 males and 30 females; while the number of deaths during the previous year was 54 — 27 males and 27 females. The comparatively large increase in percentage of deaths is noticeable, and is, in our judgment, to be attributed in a great measure to the long continued very hot and very dry weather which prevailed this season, as a similar increase in deaths has obtained not only in other hospitals, but also in the community at large. No epidemic or particular type of physical disease has prevailed in the hospital, but a large proportion of the deaths has been from a gradual wearing out under general paresis and other forms of brain disease, and this, it appears, has been more marked in the case of the men than the women.

In our last report, and some previous reports, we have called attention to the manifest propriety, if not urgent necessity, of the State's preparing a special institution for the care and custody of the criminal insane, so called, and we now repeat our earnest hope that early steps may be taken in that direction. Of the above class there are in this hospital 33 persons — 30 men and 3 women. Why should this class be longer deemed, and by the State of Massachusetts solemnly decreed, to be the fit companions of the unfortunate but innocent insane, — citizens, it may be, many of whom have been among our near and most esteemed neighbors. It is an involuntary, forced association of the most objectionable character, against which, upon slight reflection, all will see that humanity must loudly protest. Eliminate then this class from our present hospitals, and let it be cared for by itself in an institution specially provided and adapted to the purpose. When that is done, there will be less disposition, as there will be less necessity, because of want of room, to drive away from the care and treatment of our present hospitals the pauper chronic insane into the towns to which they belong, or their almshouses, there to be neglected. Repeated startling events have shown that it was a growing "custom, more honored in the breach than the observance," because it was too unsafe for the communities. Humanity, while it

demands separate provision for the “criminal insane,” that is, criminals acquitted by reason of insanity and persons charged with crime but temporarily insane, equally demands, we insist, that the public shall care for all its insane, whether poor or not, in a comfortable but inexpensive manner, in curative establishments adapted to the purpose, and superintended by skilled intelligence and judgment.

The legislature at its last session authorized the Trustees to purchase additional land to the north of the buildings, where the line of our farm ran in close proximity to some of the wards, and where also great annoyance was experienced by the hospital from the fact that a public street bordered that line. In pursuance of said authority the land was purchased at the stipulated price for which it was bonded to the Trustees at the time the authority was asked of the legislature. Two main purposes were desired to be accomplished by making this purchase and securing the land: First, to prevent the threatened occupancy, uncertain in character and kind, of territory so nearly adjacent to the quarters of a large proportion of our patients; and secondly, to effect, as we hoped, by the co-operation of the citizens of Taunton and the action of the public authorities, the removal of the street above referred to, to the outer limits of the contemplated purchase. The first result has, of course, been accomplished by the purchase; and the second, which could not have been effected without the purchase, we hope may be brought about in the due course of appropriate proceedings soon to be initiated therefor.

As authorized by the legislature we have also effected an exchange of lands with the Old Colony Railroad Company, by which one of our boundary lines is materially straightened, and to the mutual convenience of both parties.

Since our last report the extension to the rear of the central main building has been very nearly completed. By it the hospital is accommodated with an adequate and excellent vegetable cellar, a cool milk cellar, commodious and much needed store-rooms, an enlarged and greatly improved ice-closet, two large working-rooms, one for men and one for women, and several additional rooms for hired help, for which the enlargements of the hospital for an increased number of

patients had omitted to provide. The additional dining-room accommodation afforded to the help and the enlargement of the bakery by the removal of the old ice-closet and store-rooms, is also of great value. We must not fail to mention, either, that the convenience of the constant supply of water to our upper wards, furnished by placing the large iron tank in the tower of this extension, is very great, and fully appreciated. The wisdom and economy of the expenditure of the appropriation, which the State has so liberally made for the above purposes, is attested by all who have observed the changes that have been wrought in this important portion of the institution, and speak to the great credit of the Superintendent, by whom the addition was principally designed and under whose superintendence the work has been done.

In its management, and in the care of the patients, the Trustees think and feel it their duty to assert that the officers of the institution have not only done the best they could, but as well as could be expected of any persons similarly situated. It is indeed difficult to conceive how more thought, care and considerate attention can be bestowed upon the individual patient than now is, so long as the care of so many devolves upon so few persons. If, however, there is any one lesson more than another impressed upon us by our experience and observation as Trustees, it is that the great desideratum in the care of the patients in our public hospitals for the insane is a larger number of carefully selected attendants. When we are sick in body we seek, or our friends for us seek, the best physicians and the best nurses our opportunities and means can command. But when to the sickness of the body is added torture of mental disease, as is often the case, who can realize the intensified suffering produced by the absence of reason and the presence of the horrid delusion, the terrible fear. In this hospital we have been able to provide but one attendant for twelve or more patients. How can it be asked of us to do less? And yet, in doing that, with the price of provisions, labor and materials as high as they have been for the past year, without including any extraordinary repairs, we are obliged to report that the Taunton Lunatic Hospital is not self-supporting at the rate now allowed to be collected for the board of the patients. Under these circum-

stances we earnestly urge that the amount allowed to be collected for the support of the patients be restored to \$3.50 per week. Only so can the hospital be self-sustaining, and only so can the Trustees be relieved of that unwelcome duty of begging of the legislature annually an appropriation sufficient to meet any contingent deficiency of income, and for such general repairs and improvements as are necessary to prevent deterioration in the hospital, and permit the Trustees the privilege of exercising what seems to them the only true economy in the proper care of the buildings and grounds.

For this hospital the Trustees recommend an appropriation by the ensuing legislature of \$5,500 for the following objects, viz. :—

\$2,000 for a new water-heater and supply pipes.

\$1,500 for extension of water pipes and three hydrants.

\$1,000 for an additional ice-house.

\$500 for additional fire hose.

\$500 for new floors in chapel, kitchen and halls.

The heater we now have is inadequate to supply all the hot water that is needed, and the pipes conveying the water to the buildings and wards have become corroded and need to be renewed.

The hospital is not as thoroughly protected with fire apparatus as it ought to be, and we recommend the extending of the pipes connected with the city water-works through the premises in the rear of the buildings as they now extend in front of the buildings, and the procuring and placing a suitable number of hydrants therefor. We also recommend the purchase of additional hose. For this purpose, of increasing security against fire, we ask an appropriation of \$2,000, the reasonableness of which cannot be denied.

The water of Mill River, from which we have heretofore taken our ice, has become so polluted that the ice from it is no longer fit for drinking purposes. We therefore ask an appropriation of \$1,000 to build an additional ice-house in some suitable place, for the supply of pure ice for the purposes above named.

Some new floors will be needed in the ensuing year, and we ask a small appropriation therefor.

The farm connected with this hospital is not so large as

that belonging to the other hospitals of the State, and the proportion under cultivation is also less in extent ; but while we labor under some disadvantage in this respect by reason of our limited production of farm products, we feel that the beauty of our grounds consists largely in the magnificence of the trees upon them and is doubtless of more value to the patients than the cost of the vegetable products our limited territory would produce if under cultivation. All the surroundings of a hospital should be pleasant and attractive, and nothing tends more to make those surroundings pleasant than ample and varied space for walks and recreation for the use and enjoyment of a large proportion of the inmates.

The medical staff and principal officers of the hospital remain the same as at the time of our last report, and merit and should receive the gratitude of the citizens of the Commonwealth for the uniform fidelity, the kind manner and eminent success with which they have performed the responsible duties devolved upon them by their respective trusts.

SIMEON BORDEN,
LE BARON RUSSELL,
SAMUEL L. CROCKER,
GEORGE HOWLAND, JUNR.,
WILLIAM C. LOVERING,

Trustees.

TAUNTON, Oct. 12, 1882.

TREASURER'S REPORT.

I respectfully submit the following report of the finances of this institution for the year ending Sept. 30, 1882, to the Trustees : —

ASSETS.

134 acres of land at \$200 per acre, . . .	\$26,800 00
Hospital building,	275,000 00
Brick barn and stable,	8,000 00
Laundry building,	8,000 00
Other buildings and wall,	7,000 00
	<hr/> \$324,800 00

PERSONAL ESTATE.

Stock and supplies on hand, as per inventory appended to the Trustees' report,	\$85,291 11
Reserve fund,	4,000 00
	<hr/> \$114,091 11

RECEIPTS.

Received from the State Treasurer,	\$16,382 74
from towns,	78,071 30
from individuals,	12,890 70
from sales,	817 79
from interest,	280 00
	<hr/> \$108,442 53

PAYMENTS.

Cash due Treasurer, Oct. 1, 1881,	\$19 46
1st. Salaries, wages and labor,	30,585 39
2d. Provisions and supplies, &c. : —	
Meats of all kinds,	\$3,360 98
Fish of all kinds,	2,125 36
Fruit and vegetables,	2,789 19
Flour and bread,	5,006 67
	<hr/>
<i>Amounts carried forward,</i>	\$18,282 20
	<hr/> \$30,664 85

<i>Amounts brought forward,</i>	\$18,282 20	\$30,664 85
Provisions and supplies, &c. : —		
Grain and meal for table,	340 70	
Grain and meal for stock,	1,785 26	
Tea, coffee and broma,	1,527 93	
Sugar and molasses,	3,587 82	
Milk, butter and cheese,	9,028 44	
Salt and other groceries,	4,718 34	
		<hr/> 39,270 69
3d. Clothing,		8,622 91
4th. Fuel and light,		11,244 41
5th. Medicines and medical supplies,		1,801 60
6th. Furniture, beds and bedding,		4,557 47
7th. Transportation,		595 15
8th. Ordinary construction and repairs,		5,506 45
9th. Extraordinary construction and repairs,		2,303 63
10th. Miscellaneous expenses,		3,960 48
		<hr/> \$108,467 64

LIABILITIES.

Salaries and wages due, Oct 1, 1882,	\$3,767 43
Miscellaneous bills due,	16,008 97
Amount due Treasurer, Sept. 30, 1882,	25 11
	<hr/> \$19,801 51
Due the institution for board, Oct. 1, 1882, —	
From towns,	\$19,303 21
State,	4,247 07
individuals,	3,226 94
	<hr/> \$26,777 22

SUMMARY.

Total receipts,	\$108,442 53
Total payments,	108,467 64
	<hr/> \$25 11
Total liabilities,	\$19,801 51
Total debts due the institution,	26,777 22
	<hr/> \$6,975 71
Total expenditures,	\$108,467 64
Dividing this sum by 561, the average number of patients, we have the annual cost of each patient,	\$193 35
And the average weekly cost of	\$3 72
Deducting from the current expenditures,	\$108,467 64
The extraordinary construction and repairs,	2,303 63
	<hr/> \$106,164 01

Dividing \$106,164.01 by 561, the average number of patients,
 we have the annual cost of each patient, \$189 24
 And the average weekly cost of \$3 64

JOHN KITTREDGE, *Treasurer.*

LUNATIC HOSPITAL, TAUNTON, Oct. 13, 1882.

The undersigned have this day examined the foregoing account, and find it correct.

WILLIAM C. LOVERING,
 GEO. HOWLAND, JUN.

FINANCIAL STATEMENT

OF THE APPROPRIATION MADE BY THE LEGISLATURE OF 1881; ALSO
 1882, FOR AN EXTENSION OF CENTRE BUILDING.

Amount of appropriation, 1881,	\$25,000 00
Amount of appropriation, 1882,	2,500 00
	<hr/>
	\$27,500 00
Amount drawn to Sept. 30, 1881,	\$8,388 01
Since drawn,	19,111 99
	<hr/>
	\$27,500 00

TAUNTON, Sept. 30, 1882.

JOHN KITTREDGE, *Treasurer.*

OF THE APPROPRIATION MADE BY THE LEGISLATURE OF 1882 FOR
 PURCHASE OF LAND.

Amount of appropriation,	\$10,000 00
Amount drawn to date,	8,100 00
	<hr/>
Balance of appropriation,	\$1,900 00

JOHN KITTREDGE, *Treasurer.*

TAUNTON, Sept. 30, 1882.

LIST OF PERSONS

EMPLOYED AT THE TAUNTON LUNATIC HOSPITAL, SEPT. 30, 1882.

Superintendent and Physician,	(per year)	\$2,500 00
First Assistant Physician,	"	1,500 00
Second Assistant Physician,	"	1,000 00
Treasurer and Clerk,	"	1,200 00
Housekeeper,	"	300 00
Supervisor (male),	"	500 00
Supervisor (female),	"	400 00
Engineer,	(per month)	83 34
Assistant Supervisor (male),	"	25 00
Assistant Supervisor (female),	"	25 00
Baker,	"	40 00
Assistant Baker,	"	25 00
Coachman,	"	30 00
Gardener,	"	25 00
Night-watch (male),	"	30 00
Night-watch (female),	"	18 00
Fireman,	"	30 00
Fireman,	"	25 00
Stable-hand,	"	25 00
Stable-hand,	"	12 00
Farm-hand,	"	35 00
Farm-hand,	"	26 00
Farm-hand,	"	23 00
Farm-hands (2),	"	20 00
Upholsterer and clerk,	"	35 00
Laborer,	"	25 00
Laborer,	"	23 00
Laborer,	"	20 00
Laundryman,	"	25 00
Kitchen hands (2),	"	25 00
Attendants (male) (17),	(average price per month)	23 00
Attendants (female) (22),	"	16 00
House-attendant,	(per month)	14 00
House-attendant,	(per week)	3 50
Seamstress,	"	5 00

Assistant Seamstress,	(per month)	\$16 00
Assistant Seamstress,	"	14 00
Assistant Seamstress,	(per week)	3 00
Laundress,	"	5 00
Laundry-girls (7),	(average price per week)	3 32
Cooks (2),	(per week)	3 32
Kitchen-girls (4),	(average price per week)	3 12 $\frac{1}{2}$
Space-girls (3),	(per week)	3 00

INVENTORY OF STOCK AND SUPPLIES

ON HAND, SEPT. 30, 1882.

Live-stock on the farm,	\$3,770 00
Produce of the farm on hand,	850 00
Carriage and agricultural implements,	2,136 50
Machinery and mechanical fixtures,	37,000 00
Beds and bedding in inmates' department,	15,069 25
Other furniture in inmates' department,	7,306 70
Personal property of the State in the Superintendent's de- partment,	10,389 07
Dry goods,	4,518 43
Provisions and groceries,	2,051 16
Drugs and medicine,	600 00
Fuel,	1,000 00
Library,	600 00
	<hr/>
	\$85,291 11

SUPERINTENDENT'S REPORT.

To the Trustees of Taunton Lunatic Hospital.

GENTLEMEN:—In compliance with the by-laws of your board, I respectfully present this, the twenty-ninth annual report of the operations of the hospital for the year ending Sept. 30, 1882.

General Statistics of the Year.

	Men.	Women.	Total.
Patients in the hospital Oct. 1, 1881, .	270	278	548
Admissions within the year,	133	105	238
Whole number of cases within the year, .	403	383	786
Discharges within the year,	74	69	143
Viz.: as recovered,	22	21	43
as much improved,	12	12	24
as improved,	23	25	48
as unimproved,	17	11	28
Deaths,	45	30	75
Patients remaining Sept. 30, 1882, . . .	284	284	568
Viz.: supported as State patients, . .	54	40	94
town patients,	203	211	414
private patients,	27	33	60
Number of different persons within the year,	398	381	779
admitted,	132	105	237
recovered,	21	21	42
Daily average number of patients, . . .	283.4	277.4	560.8

By reference to the foregoing table of general statistics, it will be seen that the movement of the population has not been so great as during the preceding year, 34 less having been admitted and 62 less having been discharged. The whole number of patients in the hospital at the beginning of the year was 548, of whom 270 were men and 278

women. During the year 238 were admitted, 133 men and 105 women, making 786 the whole number of cases under treatment. Two hundred and eighteen have been discharged, including the deaths, and the year closed with 568, of whom 284 were men and 284 women, the two sexes being equal in number for the first time during the year. Of those admitted during the year, *one* has been discharged, readmitted, and discharged the second time; and of those in the hospital at the beginning of the year, five have been discharged and readmitted; *one* discharged, readmitted and discharged, which reduces the number of persons under treatment to 779. Fifteen women were transferred to the State Almshouse at Tewksbury. Nine persons of the supposed quiet and harmless class were discharged to the overseers of the poor, to be cared for in city and town almshouses, some of whom were soon returned, not having proved so harmless as was expected. Of the 238 admitted, only 78, which is 32 per cent. of the admissions as against 41 per cent. last year, had been insane less than a year. After deducting from this number 9 paretics, and 4 with other forms of organic brain disease, who were admitted as recent cases, but were really incurable from the inception of the disease, we have only 65, as the number from which most of the recoveries must take place. To express the same in another form: of the 238 admitted, 173 were probably incurable, and 65 belonged to the class commonly called curable, of whom a certain undeterminate per cent. *may* recover. Certainly this does not show a very encouraging outlook for future recoveries. Of those discharged there were 43 recoveries of 42 persons, one person with alcoholism having been discharged recovered twice within the year, 24 much improved, 48 improved, and 28 unimproved. The number of recoveries is less than last year and less than for several preceding years. The percentage of recoveries on the admissions is 18, as against 20 last year. The percentage on those who have not been insane longer than one year was 32, as against 41 last year. The causes of any decrease in the number of recoveries are no doubt partly accidental, as the number of actual recoveries, as well as the percentage on the admissions, varies much from year to year; but setting aside all influences

which are purely accidental, we have not far to seek for real causes of the decrease, in the large number admitted of chronic cases, and of those suffering from organic brain disease, especially the latter, and thus the same factor which has lessened the number of recoveries, has increased the death-rate, as many of those with organic disease, die within the first or second year. Most of the recoveries are from acute cases, either mania or melancholia, and it seems to me I have recognized a gradual change taking place in the type of insanity, in recent years. There is less acute, active mania, and we have in place of it other forms of insanity, less marked by active excitement, which seem to result from degeneration of the central nervous system, and are incurable from the inception of the disease, usually ending in death or permanent impairment of the mind. There were three recoveries from recurrent mania. Each will be liable to return again and help to increase the list of recovered. Three of the recoveries were purely cases of alcoholism, and recovery had taken place when the alcohol was well out of the system. I am aware that the number of recoveries in any hospital might be stated differently by different individuals, and some may have been reported as recovered who would be classed by others as much improved, or the reverse may be true. One person placed in the list of much improved, was employed by the hospital as a carpenter for several months, and has continued to work at his trade since his discharge. To a casual observer he would have appeared to be well, but he heard voices telling him what to do and what not to do. He did not believe them to be voices of real persons. Yet he could not quite understand how it could all result from an abnormal condition of his brain. He may fully recover from the trouble (it could hardly be called an hallucination at the time of his discharge), and he may relapse, but I thought it right, and not unjust to him, to classify him among the much improved, rather than the recovered. It is not always easy to determine when a patient has recovered, or when the exact time has arrived when he ought to leave the hospital. In my opinion there is quite as much to be feared from detaining a patient too long in a hospital, as of granting his discharge too soon. Some doubt-

ful cases cannot be settled better than by a trial visit at home, and such visits have been continued the past year with gratifying results in most cases. Only 2 of the 35 who were discharged on trial, were returned before the expiration of the trial, and some of the doubtful ones improved rapidly after going home. Several patients have made pleasant visits home, — vacations as they were called, — with the understanding that they should return at a stated time or at the pleasure of their friends. Some of them were glad to get back, and all returned willingly. Twelve such visits were made in all, from one to six weeks' duration.

There have been 75 deaths — 45 men and 30 women. The percentage of deaths has been greater than for several preceding years. The ratio on the whole number under care was 9.5 per cent., and on the average residence about 13.3 per cent. This increase in the rate of mortality has not resulted from any special cause within the hospital. Nearly every death was the result of the cerebral affection, or some complication of it, for which the person was committed to the hospital. There has been no death by violence and no suicide, and in that we are fortunate, when it is considered how large a number with homicidal and suicidal tendency are always present in our wards. There were 7 deaths from acute mania and 11 from chronic mania; 30 in all died from different forms of organic brain disease, 12 of them being from general paresis, which accounts, in part, for the larger number of deaths among the men; 7 died from phthisis, a greater number than usual. A gradual wearing out from old age was the only apparent cause of death in 5 cases. The ages of 9 who died exceeded 70 years, and 3 were over 80 years of age. The largest number of deaths occurred between the ages of 40 and 50, most of those who died from general paresis falling within that period. No epidemic has visited the hospital and the hygienic condition of the house has never been better than during the past year. The supply of water from the well and the city water works has been abundant and of excellent quality, and the ventilation of the wards and drainage of the building has been good.

In the care of the patients the endeavor has been made

to give each individual case what seemed to us the best treatment, as far as it could be done with the means and appliances at hand, without bias or sentiment in favor of or against any particular theory or system of practice. Whenever mechanical restraint, so called, has seemed to be necessary, and under all the circumstances the best thing for the patient, it has been used, but the number under restraint at any one time has been small. The amount used on the male side of the house has been from one to two per cent. For long periods it has not been above one per cent. and not at any time above two per cent. One powerful and dangerous man, with delusional insanity, has worn the belt and wristers continuously, and by its use he has been kept on the hall with the other patients and walked on the grounds with them. Without restraint, it would be necessary to keep him secluded. The whole amount of seclusion on the male side, except for sickness, has been less than one per cent. By increasing the amount of seclusion to two or three per cent., no other restraint would be necessary for the men, except confinement to the bed in some cases to prevent exhaustion. More women have been under restraint than men. The average has been between three and four per cent. No chemical restraint, so called, as a substitute for mechanical restraint, has been used. I do not propose at this time to discuss the subject of mechanical restraint as a system of treatment in the care of the insane. I think it is now commonly believed that some exceptional cases cannot be so successfully treated without it. It seems to me that not to use it in a given case, when it is believed to be the best thing for the patient, because it is liable to abuse, and may be or has been used when it ought not to have been, is a confession of moral weakness on the part of the physician who has the case in charge. A decision has sometimes to be made between seclusion and some form of restraint, but my experience has confirmed me in the opinion that the former, in most cases, except for short periods, is far more objectionable than the latter. If seclusion is used, it should be adopted deliberately, as the best thing to do for the patient, not as an easy substitute for restraint. The patient who would be benefited by seclusion, might not be by

restraint, and *vice versa*. If each case is studied individually, and a decision made without reference to any special theory or system of practice, the physician of good judgment will be very apt to adopt the best method of treatment. But if he is cramped by a system, however good it may be *as a system*, which he feels bound to support, some of his patients, sooner or later, will be sacrificed to it.

THE CRIMINAL INSANE.

This class of our population is still with us, and the State of Massachusetts continues to commit the great wrong of compelling its innocent but unfortunate citizens who are insane, to associate with criminals. This condition of things ought not to be. It is abhorrent to every feeling of right and justice, and should not be continued longer. The reasons for separating the criminal insane from the other insane have been stated at length so many times, in former reports of this hospital, that I do not deem it necessary for me now to more than call your attention to the subject, with the request that you will bring it before the Governor and Council, and, through them, the legislature, with the hope that special provision may be made for this class the present year, and the hospital be relieved of their custody.

NEW BUILDING AND OTHER IMPROVEMENTS.

The extension of the rear centre has been essentially completed, the upper story now being occupied, and at a cost not exceeding the appropriations for that purpose. The building is in all respects satisfactory, and will be of great value to the hospital. The two work-rooms on the second story are especially pleasant and well adapted to the purposes for which they are designed. Both are finished in ash, it being more durable than pine, and not more expensive, if the latter is kept painted and grained. The iron tank in the tower has afforded great relief by increasing the storage of water and the pressure of hot water on the upper halls. The two ample cellars are all that can be desired for cool and uniform temperature and for convenience of storage, and need only to be seen to be appreciated. The completion of the new building has rendered necessary some changes

on the first and second stories of the old rear centre, and enabled us to secure some things which have been long needed. The space on the first floor, formerly used for the cool-room, ice-room, and other purposes, together with a portion of the old store-room, is being finished into a lavatory and dining-room for the farmers and such others of the help as can best take their meals there. The bakery has already been enlarged and much improved, by extending it through the old store-room, and building a closet in it for keeping the bread until it is sent to the halls. On the second floor, a corridor will be made through the old sewing-room, connecting the second story of the new building with the chapel and front centre. The space on the east of the corridor will be finished into a store-room, to be used in connection with the new sewing-room, and for keeping bedding and other dry goods. One-half of the space on the west side will make a nice, cosy library-room, for the hospital library. Such a room will be an excellent thing in itself, and the removal of the books from the chapel will increase its seating capacity and improve its appearance. The space beyond the library-room will be finished into a room convenient for many purposes.

FINANCES AND NEEDED IMPROVEMENTS.

For a detailed account of the receipts and expenditures and the present condition of the finances, I would refer you to the report of the Treasurer. By close economy, notwithstanding the increase of cost of supplies, we have been able to close the year with the bills due the hospital in excess of the liabilities, although the surplus is less, by several thousand dollars, than last year. It will be seen, by reference to the Treasurer's statement, that much less has been expended for extraordinary improvements than for several preceding years. At the present cost of supplies, and the present rate for board — \$3.25 per week for town and State patients, including clothing for the latter — the hospital cannot pay its current expenses for the care and support of the patients and make the repairs necessary to keep the buildings from deterioration, to say nothing of such improvements as may be needed. Several things

should be done the present year for the better comfort of the inmates and the safety and protection of the building, for which a special appropriation by the legislature will be necessary. The supply of hot water has been deficient for some time, owing to the heater now in use being too small to heat enough water for the house. Either the present heater, which is defective in other respects than in its size, should be given up and a new one procured, or it should be supplemented by a cylinder attached to it for holding more hot water. The present supply-pipe for conducting hot water from the heater to the house, which has been in use only five years, will have to be renewed very soon, and I think it would be better and cheaper in the end to put in one of brass, as the iron pipe will not last longer than four or five years, by reason of the water corroding it, while one of brass would last indefinitely if the work was well done. The cost of the heater and supply-pipe, set up and finished, would be not far from two thousand dollars. As a further protection against fire, the supply-pipe from the city water works should be extended to the rear of the building, and three more hydrants added; also six hundred feet of fire-hose should be procured, which would be sufficient, with what we now have on hand. At the same time, the supply-pipe should be connected with the pumps in the pump-house, so the city water can be pumped into the new tank. The cost of this, completed, would be about two thousand dollars.

It is well known that Mill River, from which the ice used by the hospital has been taken, has become so impure that it is no longer desirable or safe to furnish ice from it for drinking purposes, although it may be sufficiently pure for the cool-room, and the hospital will be obliged hereafter to procure its ice for drinking, from some other source. It will either have to buy it, which would be quite expensive, or, what would be more economical in the long run, build a house for storing ice, and fill it in the winter from some source whence pure ice can be obtained. Such a house as would be suitable would cost about one thousand dollars.

New floors are much needed in the chapel and kitchen, and should be laid during the present year. A portion of

the floors in the middle wards of the old wings, which were taken from the verandas some years ago, should be renewed. The expense of these floors finished would be not less than five hundred dollars.

To cover the cost of these several improvements, I would suggest that you ask the legislature for an appropriation of five thousand five hundred dollars.

ACKNOWLEDGMENTS.

The editors of "The Daily Mercury," "The Old Colony Memorial" and "The Gospel Banner," have sent their papers to the hospital free of charge.

During the evenings of the autumn, winter and spring, two or three entertainments each week, and sometimes more, were given in the chapel, and occasionally an evening was occupied until warm weather.

Most of the dramatic entertainments were prepared and presented by the employees of the hospital, in addition to their other duties, to whom thanks are due. Other friends have contributed to the same result.

Through the kindness of Mr. J. E. Deblois from Taunton, we were favored with two fine musical concerts, one by the Orpheus Quartette, and one by the Winch Quartette. Both were excellent, and thanks are due to all connected with them. Mrs. J. Augustus Brownell and pupils from New Bedford entertained the patients one evening very pleasantly by select readings from Shakespeare and other poets. We are also indebted to Mrs. Morse and her young pupils in the Sabbath school, for a very nice entertainment, which pleased the inmates very much, more especially from the tender age of the little ones. Miss Carrie H. Marsh will receive thanks for her kind remembrance of the hospital in her gift of one hundred or more volumes of miscellaneous books for the library. As usual, for many years, the Bristol County Agricultural Society extended to the inmates and residents of the hospital free admission to its grounds during its recent fair. Some changes have occurred among the subordinate officers during the year. The male supervisor and the assistant male supervisor resigned their positions, after several years of faithful service, and their places have

been filled by others who have had experience as attendants in the hospital. It gives me pleasure to again hear testimony to the faithful and efficient service rendered the hospital by those associated with me in the care of the patients and in the general work of the institution.

To you, gentlemen, I am under renewed obligation for the many manifestations of kindly interest and the cordial aid you have given me, and fully realizing that whatever of success has been achieved has been due largely to your wise counsel and generous support, it only remains for me to express to you my thanks and deep sense of gratitude.

J. P. BROWN, *Superintendent.*

STATISTICAL TABLES.

TABLE NO. 1.

General Statistics of the Year.

	Male.	Female.	Total.
Patients in hospital Oct 1, 1881,	270	278	548
Admissions within the year,	133	105	238
Whole number of cases within the year,	403	383	786
Discharges within the year,	74	69	143
Viz.: as recovered,	22	21	43
much improved,	12	12	24
improved,	23	25	48
unimproved,	17	11	28
Deaths,	45	30	75
Patients remaining Sept. 30, 1882,	284	284	568
Viz.: supported as State patients,	54	40	94
town patients,	203	211	414
private patients,	27	33	60
Number of different persons within the year,	398	381	779
admitted,	132	105	237
recovered,	21	21	42
Daily average number of patients,	283.4	277.4	560.8

TABLE NO. 2.

Monthly Admissions, Discharges and Averages.

MONTHS.	ADMISSIONS.			DISCHARGES (Including Deaths).			DAILY AVERAGE OF PATIENTS IN THE HOUSE.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
1881.									
October,	12	5	17	6	9	15	275.7	277.8	553.5
November,	11	6	17	7	6	13	278.5	274.7	553.2
December,	8	5	13	7	2	9	279.3	275.3	554.6
1882.									
January,	6	4	10	10	5	15	280.6	276.2	556.8
February,	9	7	16	8	3	11	278.0	278.5	556.5
March,	15	6	21	8	6	14	283.7	280.3	564.0
April,	14	17	31	9	24	33	285.8	271.9	557.7
May,	6	9	15	10	4	14	288.8	276.6	565.4
June,	21	9	30	10	8	18	289.1	278.2	567.3
July,	9	10	19	21	11	32	290.6	279.9	570.5
August,	10	11	21	12	10	22	284.6	277.7	562.3
September,	12	16	28	11	11	22	285.6	279.9	565.5
Total of cases,	133	105	238	119	99	218	283.4	277.4	560.8
Total of persons,	132	105	237	118	99	217	-	-	-

TABLE NO. 3.

Received on First and Subsequent Admissions.

NUMBER OF THE ADMISSION.	CASES ADMITTED.			TIMES PREVIOUSLY RECOVERED.		
	Males.	Females.	Total.	Males.	Females.	Totals.
First,	111	83	194	-	-	-
Second,	14	15	29	2	8	10
Third,	4	2	6	6	2	8
Fourth,	1	-	1	3	-	3
Fifth,	1	4	5	3	12	15
Sixth,	-	1	1	-	4	4
Eighth,	1	-	1	5	-	5
Fourteenth,	1	-	1	11	-	11
Total of cases,	133	105	238	30	26	56
Total of persons,	132	105	237	9	14	23

TABLE NO. 4.

Ages of Persons admitted for the First Time.

AGES.	AT FIRST ATTACK OF INSANITY.			WHEN ADMITTED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.
Fifteen years and less,	3	-	3	-	-	-
From 15 to 20 years,	10	8	18	7	3	10
20 to 25 years,	5	3	8	9	5	14
25 to 30 years,	8	14	22	16	11	27
30 to 35 years,	8	9	17	10	8	18
35 to 40 years,	6	17	23	14	14	28
40 to 50 years,	19	12	31	25	19	44
50 to 60 years,	6	6	12	9	13	22
60 to 70 years,	10	1	11	13	1	14
70 to 80 years,	4	3	7	7	7	14
Over 80 years,	-	2	2	1	2	3
Unknown,	32	8	40	-	-	-
Totals,	111	83	194	111	83	194

TABLE No. 5.

Parentage of Persons Admitted.

PLACES.	MALES.		FEMALES.		TOTALS.	
	Father.	Mother.	Father.	Mother.	Father.	Mother.
Massachusetts,	39	39	26	26	65	65
Vermont,	3	3	2	2	5	5
Maine,	3	3	5	5	8	8
Rhode Island,	3	3	1	1	4	4
New Hampshire,	1	1	—	—	1	1
New York,	1	1	—	—	1	1
Delaware,	1	1	—	—	1	1
Virginia,	1	1	2	2	3	3
Ireland,	33	32	46	46	79	78
England,	7	7	3	3	10	10
Scotland,	2	2	3	3	5	5
Germany,	3	3	3	3	6	6
Sweden,	—	—	2	2	2	2
Denmark,	—	—	1	1	1	1
Turkey,	—	—	1	1	1	1
Dominion of Canada,	8	8	5	5	13	13
Western Islands,	3	3	—	—	3	3
China,	1	1	—	—	1	1
Newfoundland,	—	1	—	—	—	1
Bohemia,	1	1	—	—	1	1
Unknown,	23	23	5	5	28	28
Totals,	133	133	105	105	238	238

TABLE No. 6.

Residence of Persons Admitted.

PLACES.	Males.	Females.	Totals.
County : Bristol,	41	32	73
Plymouth,	30	12	42
Barnstable,	3	2	5
Nantucket,	—	1	1
Suffolk,	46	49	95
Norfolk,	11	8	19
Middlesex,	2	1	3
Totals,	133	105	238
Cities or large towns,	85	87	172
Country districts,	48	18	66

TABLE No. 7.
Civil Condition of Persons Admitted.

NUMBER OF THE ADMISSION.	UNMARRIED.			MARRIED.			WIDOWED.			UNKNOWN.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
First, . . .	42	32	74	52	31	83	9	20	29	8	-	8
Second, . . .	9	5	14	5	7	12	-	3	3	-	-	-
Third, . . .	3	1	4	-	1	1	1	-	1	-	-	-
Fourth, . . .	-	-	-	1	-	1	-	-	-	-	-	-
Fifth, . . .	-	3	3	1	-	1	-	1	1	-	-	-
Sixth, . . .	-	-	-	-	1	1	-	-	-	-	-	-
Eighth, . . .	1	-	1	-	-	-	-	-	-	-	-	-
Fourteenth, . . .	-	-	-	-	-	-	1	-	1	-	-	-
Totals, . . .	55	41	96	59	40	99	11	24	35	8	-	8

TABLE No. 8.
Occupations of Persons Admitted.

OCCUPATIONS.	Males.	Females.	Totals.
Laborer, . . .	37	-	37
Houskeeper, . . .	-	63	63
Domestic, . . .	-	27	27
No occupation, . . .	16	3	19
Operative, . . .	7	5	12
Seamstress, . . .	-	3	3
Laundress, . . .	-	2	2
Clerk, . . .	-	1	1
Teacher, . . .	-	1	1
Shoemaker, . . .	15	-	15
Farmer, . . .	10	-	10
Mariner, . . .	11	-	11
Carriage-maker, . . .	1	-	1
Straw-worker, . . .	2	-	2
Waiter, . . .	1	-	1
Mason, . . .	2	-	2
Fireman, . . .	1	-	1
Carpenter, . . .	3	-	3
Peddler, . . .	3	-	3
Iron-worker, . . .	7	-	7
Bookbinder, . . .	1	-	1
Engineer, . . .	2	-	2
Painter, . . .	3	-	3
Jeweller, . . .	1	-	1
Printer, . . .	1	-	1
Cooper, . . .	2	-	2
Bar-tender, . . .	1	-	1
Piano-maker, . . .	2	-	2
Merchant, . . .	2	-	2
Musician, . . .	2	-	2
Totals, . . .	133	105	238

TABLE No. 9.

Reported Duration of Insanity before Last Admission.

PREVIOUS DURATION.	FIRST ADMISSION TO ANY HOSPITAL.			ALL OTHER ADMISSIONS.			TOTAL.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Congenital,	1	1	2	—	—	—	1	1	2
Under 1 month,	8	15	23	3	5	8	11	20	31
From 1 to 3 months,	15	10	25	4	3	7	19	13	32
3 to 6 months,	7	10	17	1	2	3	8	12	20
6 to 12 months,	6	7	13	—	1	1	6	8	14
1 to 2 years,	10	5	15	5	1	6	15	6	21
2 to 5 years,	8	9	17	5	4	9	13	13	26
5 to 10 years,	7	3	10	3	5	8	10	8	18
10 to 20 years,	2	3	5	3	2	5	5	5	10
Over 20 years,	1	1	2	2	2	4	3	3	6
Unknown,	35	12	47	7	4	11	42	16	58
Total of cases,	100	76	176	33	29	62	133	105	238
Total of persons,	—	—	—	—	—	—	132	105	237

TABLE No. 10.

Form of Disease in Cases Admitted.

FORM OF DISEASE.	Males.	Females.	Totals.
Acute mania,	35	34	69
Chronic mania,	37	21	58
Melancholia,	20	25	45
Dementia,	15	17	32
Paresis,	15	1	16
Organic brain disease,	2	3	5
Epileptic,	8	3	11
Congenital imbecility,	1	1	2
Total of cases,	133	105	238
Total of persons,	132	105	237

TABLE NO. 11.

Probable Causes of Insanity in Cases Admitted.

CAUSES.	Males.	Females.	Totals.
Physical. — Intemperance,	25	5	30
Sunstroke,	3	—	3
Senility,	10	7	17
Epilepsy,	5	2	7
Masturbation,	8	—	8
Injury to head,	10	—	10
Congenital,	1	2	3
Overwork,	4	5	9
Paralysis,	1	—	1
Typhoid fever,	1	1	2
Rheumatism,	1	1	2
Excesses,	1	1	2
Menopause,	—	6	6
Puerperal,	—	10	10
Syphilis,	—	1	1
Phthisis,	1	—	1
Injury to spine,	1	—	1
Moral. — Loss of property,	4	1	5
Disappointment,	4	1	5
Opium-habit,	1	2	3
Domestic affliction,	3	7	10
Religious excitement,	2	5	7
Predisposing. — Previous attacks,	8	8	16
Hereditary predisposition,	12	9	21
Unknown,	27	31	58
Totals,	133	105	238

TABLE No. 12.

Relations to Hospitals of Persons admitted.

HOSPITAL RELATIONS.	Males.	Females.	Total.
First admission to any hospital for insane,	98	77	175
Former inmates of this hospital, . . .	19	19	38
of Woreester,	4	1	5
of Danvers,	3	2	5
of McLean Asylum,	2	2	4
Former inmates of this hospital and of			
Danvers,	2	2	4
McLean Asylum,	1	—	1
Concord, N. H.,	—	1	1
Former inmates of hospitals in other States,			
Butler Hospital, R. I.,	1	—	1
Butler Hospital, R. I., and Brattle-			
boro', Vt.,	1	—	1
St. Elizabeth, Washington, D. C., . . .	1	—	1
Pueblo, Col.,	1	—	1
Augusta, Me.,	—	1	1
Totals,	133	105	238

TABLE No. 13.

How supported.

SUPPORTED AS	PERSONS ADMITTED.		
	Males.	Females.	Total.
State patients,	62	38	100
Town patients,	61	58	119
Private patients,	10	9	19
Totals,	133	105	238

TABLE No. 14.
Discharges classified by Admission and Result.

ADMISSION.	RECOVERED.			MUCH IMPROVED.			IMPROVED.			UNIMPROVED.			DIED.			TOTAL.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
First,	13	14	27	10	11	21	19	19	38	14	9	23	41	26	67	97	79	176
Second,	2	4	6	—	1	1	2	3	5	2	1	3	4	3	7	10	12	22
Third,	2	1	3	2	—	2	1	1	2	—	1	1	—	—	—	5	3	8
Fourth,	2	1	3	—	—	—	—	1	1	—	—	—	—	1	1	2	3	5
Fifth,	—	1	1	—	—	—	—	1	1	1	—	1	—	—	—	1	2	3
Sixth,	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1
Seventh,	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	—	1
Eighth,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Fourteenth,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Total of cases,	22	21	43	12	12	24	23	25	48	17	11	28	45	30	75	119	99	218
Total of persons,	21	21	42	—	—	—	—	—	—	—	—	—	—	—	—	118	99	217

TABLE No. 15.

Cases discharged Recovered.—Duration.

PERIOD.	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION FROM THE ATTACK		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Congenital,	—	—	—	—	—	—	—	—	—
Under 1 month, . . .	7	9	16	8	—	8	3	—	3
From 1 to 3 months, .	5	3	8	5	3	8	3	1	4
3 to 6 months, . . .	—	3	3	7	5	12	3	2	5
6 to 12 months, . . .	—	—	—	—	10	10	2	9	11
1 to 2 years,	2	2	4	1	2	3	2	3	5
2 to 5 years,	1	1	2	1	1	2	1	3	4
5 to 10 years,	1	—	1	—	—	—	2	—	2
10 to 20 years, . . .	—	—	—	—	—	—	—	—	—
Over 20 years,	—	—	—	—	—	—	—	—	—
Unknown	6	3	9	—	—	—	6	3	9
Total of cases, . . .	22	21	43	22	21	43	22	21	43
Total of persons, . .	21	21	42	—	—	—	—	—	—
Average of known cases (in months),	7.4	4.7	6.0	6.0	10.0	8.1	13.4	14.7	14.1

TABLE No. 16.

Cases Resulting in Death.—Duration.

PERIOD.	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION FROM THE ATTACK.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Congenital,	—	1	1	—	—	—	—	—	—
Under 1 month, . . .	3	1	4	7	2	9	—	—	—
From 1 to 3 months, .	5	6	11	6	—	6	2	1	3
3 to 6 months, . . .	5	3	8	9	3	12	3	1	4
6 to 12 months, . . .	2	2	4	9	6	15	5	3	8
1 to 2 years,	8	3	11	6	7	13	6	5	11
2 to 5 years,	8	5	13	6	8	14	13	8	21
5 to 10 years,	2	4	6	1	2	3	2	6	8
10 to 20 years, . . .	—	—	—	1	1	2	2	1	3
Over 20 years,	2	1	3	—	1	1	2	1	3
Unknown,	10	4	14	—	—	—	10	4	14
Totals,	45	30	75	45	30	75	45	30	75
Average of known cases (in months),	33.6	53.8	42.2	14.1	38.4	24.4	47.7	92.2	66.7

TABLE No. 17.

Cases Discharged by Recovery or Death. — Form of Insanity.

FORM OF INSANITY.	RECOVERIES.			DEATHS.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Mania, acute,	17	14	31	9	1	10
Mania, chronic,	4	1	5	13	7	20
Epilepsy,	—	—	—	—	1	1
Paresis,	—	—	—	12	—	12
Dementia,	—	—	—	6	8	14
Organic brain disease,	—	—	—	2	6	8
Melancholia, acute,	1	3	4	1	3	4
Melancholia, chronic,	—	3	3	2	3	5
Congenital,	—	—	—	—	1	1
Total of cases,	22	21	43	45	30	75
Total of persons,	21	21	42	—	—	—

TABLE No. 18.

Causes of Death.

CAUSES.	Males.	Females.	Totals.
Mania, acute,	6	1	7
Mania, chronic,	4	7	11
Epilepsy,	—	1	1
Paresis,	12	—	12
Apoplexy,	4	3	7
Organic brain disease,	2	6	8
Melancholia, acute,	1	1	2
Dementia, chronic,	1	—	1
Hemiplegia,	2	—	2
Old age,	3	2	5
Diarrhœa,	3	1	4
Phthisis,	4	3	7
Pneumonia,	1	—	1
Erysipelas,	1	—	1
Acute rheumatism,	—	1	1
Marasmus,	—	1	1
Anæmia,	—	1	1
Disease of liver,	—	1	1
Accidental poisoning,	1	—	1
Ascites,	—	1	1
Totals,	45	30	75

TABLE No. 20.
Recoveries, classified by Results of Previous Admissions.

NUMBER OF THE ADMISSION.	RECOVERED.			MUCH IMPROVED.			IMPROVED.			UNIMPROVED.			TOTAL.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
First, . . .	8	6	14	1	-	1	-	1	-	-	-	-	9	7	16
Second, . . .	6	2	8	-	-	-	-	1	1	-	-	-	7	3	10
Third, . . .	3	2	5	-	-	-	-	1	-	-	-	-	5	2	7
Fourth, . . .	3	1	3	-	-	-	-	1	-	-	-	-	3	1	4
Fifth, . . .	3	-	3	-	-	-	-	-	-	-	-	-	3	-	3
Sixth, . . .	2	-	2	-	-	-	-	-	-	-	-	-	2	-	2
Seventh, . . .	1	-	1	1	-	1	-	-	-	-	-	-	2	-	2
Eighth, . . .	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Ninth, . . .	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Tenth, . . .	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Eleventh, . . .	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Twelfth, . . .	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Thirteenth, . . .	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Total of cases, . . .	31	11	42	2	-	2	-	3	2	5	1	-	37	13	50
Total of persons, . . .	-	-	-	-	-	-	-	-	-	-	-	-	9	7	16

TABLE No. 21.

Deaths, classified by Duration of Insanity and of Treatment.

PERIOD.	DURATION OF INSANITY.			WHOLE KNOWN PERIOD OF HOSPITAL RESIDENCE.		
	Males.	Females.	Total.	Males.	Females.	Total.
Congenital,	—	1	1	—	—	—
Under 1 month,	—	—	—	7	2	9
From 1 to 3 months,	2	1	3	6	—	6
3 to 6 months,	3	1	4	8	3	11
6 to 12 months,	6	2	8	9	8	17
1 to 2 years,	5	3	8	7	6	13
2 to 5 years,	11	9	20	6	7	13
5 to 10 years,	4	5	9	1	2	3
10 to 20 years,	2	2	4	1	1	2
Over 20 years,	2	2	4	—	1	1
Unknown,	10	4	14	—	—	—
Total of cases,	45	30	75	45	30	75
Average of known cases (in months),	40.0	94.8	63.3	15.3	38.5	24.8

TABLE No. 22.

Ages of those who Died.

AGES.	AT TIME OF FIRST ATTACK.			AT TIME OF DEATH.		
	Males.	Females.	Total.	Males.	Females.	Total.
Fifteen years and less,	—	1	1	—	—	—
From 15 to 20 years,	2	1	3	—	—	—
20 to 25 years,	6	5	11	4	2	6
25 to 30 years,	1	2	3	1	2	3
30 to 35 years,	1	6	7	4	2	6
35 to 40 years,	9	3	12	2	5	7
40 to 50 years,	10	2	12	18	6	24
50 to 60 years,	4	5	9	5	4	9
60 to 70 years,	5	4	9	4	4	8
70 to 80 years,	1	1	2	5	4	9
Over 80 years,	—	—	—	2	1	3
Unknown,	6	—	6	—	—	—
Totals,	45	30	75	45	30	75

[illegible]

TABLE No. 23 — Concluded.

Annual Admissions since the Opening of the Hospital, Etc.

YEARS.	RE-ADMITTED CASES TO ANY HOSPITAL.												REMAINING OF EACH YEAR'S ADMISSIONS, SEPT. 30, 1882.						
	ADMITTED.			DISCHARGED AND DIED IN 1882.															
	Males.	Females.	Total.	RECOVERED.		MUCH IMPROVED.		IMPROVED.		UNIMPROVED.		DIED.							
				Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.		Males.	Females.	Total.			
1854,	3	2	5	-	-	-	-	-	-	-	-	-	-	-	-	-	10	2	12
1855,	9	8	17	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
1856,	5	11	16	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
1857,	12	12	24	-	-	-	-	-	-	-	-	-	-	-	-	-	6	1	7
1858,	23	11	34	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
1859,	20	20	40	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
1860,	16	9	25	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
1861,	24	16	40	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
1862,	19	14	33	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
1863,	19	22	41	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
1864,	23	20	43	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
1865,	18	16	34	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4
1866,	17	21	38	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
1867,	24	20	44	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4
1868,	23	22	45	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	6
1869,	15	25	40	-	-	-	-	-	-	-	-	-	-	-	-	-	3	2	5

[illegible]

1874,	.	11	17	28
1875,	.	15	10	25
1876,	.	17	24	41
1877,	.	19	25	44
1878,	.	23	21	44
1879,	.	12	7	19
1880,	.	13	11	24
1881,	.	12	10	22
1882,	.	8	10	18
Totals,	.	268	294	562

THIRTIETH ANNUAL REPORT
OF
THE TRUSTEES
OF THE
STATE LUNATIC HOSPITAL
AT TAUNTON,
FOR THE YEAR ENDING SEPTEMBER 30, 1883.

BOSTON :
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OFFICERS

OF THE

TAUNTON LUNATIC HOSPITAL.

TRUSTEES.

LE BARON RUSSELL,	BOSTON.
OAKES A. AMES,	NORTH EASTON.
GEORGE HOWLAND, JR.,	NEW BEDFORD.
WILLIAM C. LOVERING,	TAUNTON.
SIMEON BORDEN,	FALL RIVER.

RESIDENT OFFICERS.

JOHN P. BROWN, M.D.,	<i>Superintendent.</i>
WILLIAM H. GAGE, M.D.,	<i>Assistant Physician.</i>
MARCELLO HUTCHINSON, M.D.,	<i>Assistant Physician.</i>
JOHN KITTREDGE,	<i>Clerk.</i>
RUFUS D. GODDING,	<i>Engineer.</i>

TREASURER.

JOHN KITTREDGE,	TAUNTON.
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Office at Hospital.

Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council:

The Trustees of the Taunton Lunatic Hospital respectfully present their Thirtieth Annual Report, together with the reports of the Superintendent and Treasurer. The usual tables of statistics will be found in the Superintendent's report.

The Trustees would call attention to that part of the Superintendent's report which relates to the ratio of recoveries to admissions, as affording some explanation for the apparently less favorable results of hospital treatment in later years. While it would appear that there has been a real increase of insanity from paresis and other organic affections of the brain, of which the causes are obscure, it seems probable that a portion of the apparent falling off in the ratio of recoveries may be accounted for on other grounds. If it is a fact, as suggested in that report, that the custom has increased of treating patients with acute disease at home, so that many of the more favorable cases do not appear on any hospital records, it must follow that these records show an undue proportion of chronic and unfavorable cases. Those cases which are treated at home, not being recorded in any tables of statistics, do not have their proper weight in the formation of the tables from which the general ratio of recoveries is estimated. It will require much time and accurate observation to ascertain how much value should be given to these considerations, but the

suggestions seem important and encouraging as regards the question of the curability of the ordinary forms of insanity not dependent on organic disease.

The completion of the new road which was to have been laid out this year over the land bought for that purpose, by authority of the legislature, in the rear of the hospital grounds, has been delayed on account of insufficient legislation. The statute passed at the last session of the legislature did not give all the necessary powers for laying out the road in its whole extent, and an amendment will be required at the next session to authorize final action.

The extension of the rear of the main building has now been completed, and the addition is found to be well adapted to the purposes for which it was designed, in every particular.

The appropriations of the last year have been partially expended, and most of the improvements authorized will be completed before the end of the current year.

The appropriations asked for, for the new year, are as follows, viz. :

For the extension of the water pipes around the building and for new hydrants,	\$1,300
For the extension of water pipes to the garden,	500
New pump for distribution of water and protection against fire,	730
Brick wall for protection against fire,	900
Repairs of floors in halls and verandas,	800
Painting woodwork of outside of hospital,	2,500
Laying out and grading of new street, including land damages,	3,600
	<hr/>
	\$10,330

For the details of the expenditures made during the year, and of the purposes for which new appropriations are asked for, reference is made to the report of the Superintendent, herewith submitted.

The Trustees would take this occasion to call attention to the great importance of the service performed by the State lunatic hospitals and to the need of liberal appropriations for their support. The sum now allowed, of \$3.25 per week for each patient, is not sufficient to pay the cost of keeping the hospital in proper condition, maintaining the patients even on the present moderate basis, and at the same

time providing the number of attendants required for their safety and comfort.

It is much to be regretted that the popular prejudice against hospitals for the insane, which was perhaps not without some foundation many years ago before the modern humane methods of treatment were adopted, should continue to exist, to the extent that it does, now that all cause for it has ceased. It is time that the true character of our hospitals and of those who manage them should be better understood. These institutions are not prisons, as some suppose them to be, where men and women are "incarcerated" and cruelly treated. They are true hospitals, where those who are suffering from the saddest of human maladies are received and treated with all the kindness and judicious care which men trained for this special work know how to bestow.

It is a mistake to suppose that familiarity with suffering makes those who have charge of the insane hard and cruel. On the contrary, no class of men is more full of kind feeling and more devoted to the care of those under their charge than the superintendents and physicians of our hospitals.

One of the chief causes of error in forming an opinion on this subject is the too ready credence given by the public to the statements of those who are or have been inmates of the hospitals. It is well known that the insane are subject to many delusions which lead them to view all occurrences through a distorted medium, to be suspicious of the motives of all about them, and to imagine their best friends to be enemies. If they are discharged from the hospital, as sometimes happens, through the importunities of their friends, before they are fully recovered, they are apt to entertain, and to convey to others, false impressions of the treatment they have received. These impressions it is difficult to efface from their minds so long as a trace of insanity remains.

But the instances are rare indeed where those who are discharged well do not express in warm terms their gratitude for the kindness with which they have been treated. Those who are subject to recurrent insanity frequently come back

to the hospitals voluntarily, and the knowledge that such asylums are always open to them, where they can receive the treatment adapted to their condition, at every return of their disease, is often a source of unspeakable satisfaction to them. To the Trustees the assurances of this state of feeling are so frequently made as to give new proof, if any were needed, that the rule of kindness and humanity which has been laid down for the government of the hospitals has been faithfully observed.

In regard to the fears which have been expressed that the doors of our hospitals open too easily inward, and with too much difficulty outward, the Trustees would state their opinion that such apprehensions are entirely without foundation. The provisions of the statutes in regard to admission are now very carefully guarded, and require so many formalities as sometimes to cause unnecessary delay, expense and publicity in procuring commitments. In cases where the condition of the patient demands prompt removal to a hospital the delay incident to the required legal proceedings may often prove injurious.

The discharge of patients is readily obtained in all proper cases. It is not for the interest of any one in authority in our hospitals either to admit those who ought not to be admitted or to retain those who ought to be discharged. Indeed, for many years the crowded condition of the wards has been such as to give more ground for apprehension that patients may be discharged too soon, than that they will be retained too long. But in deciding upon each case the welfare of the patient is the sole guide followed by the Trustees.

At the meeting of the Association of the Trustees of the State Hospitals at Taunton, in July last, a paper was read, by request, by the chairman of this Board, from which the following extracts are made and adopted as part of this report: —

“As the law has confided to the Trustees the entire responsibility for the management of the hospitals, it is their duty not only to adopt all the most approved methods of treatment which experience has sanctioned, but also to

be constantly on the watch for any improvements which time and further experience may suggest for the benefit of those under their care. I may be allowed to mention some of the principal points towards which attention should be directed."

"In the first place we need a more determined movement in all our hospitals towards providing a greater amount and variety of employment for the insane. The benefit which patients derive, in certain cases, from regular occupation is well known. Numerous instances of its great value could be cited from the records of all our hospitals. But we are as yet far from deriving all the advantage from it, as a curative measure, that it is capable of affording. For this object the introduction of some of the simpler mechanical trades should have a more thorough trial than it has yet had. Even if this cannot be effected without some increase of expense, it is worthy of trial as a means of counteracting the morbid tendencies of the insane by occupying their minds with objects of interest out of themselves."

"Much benefit may also be expected from the introduction of systematic instruction into the wards. Some patients may find useful occupation in a few hours of study each day. Certain subjects, such as geography and history, illustrated by maps, pictures and drawings, may give interest to a portion of the long hours of hospital life; while the study of plants and flowers, and other branches of natural history, may draw off the minds of others from constant brooding over their own troubles. Even the simpler branches, such as reading, writing, spelling and arithmetic, may afford the desired relief to a considerable number of those who now sit idly, or walk listlessly along our halls and corridors. The proportion of patients who can be benefited in this way may not prove to be large, but no method should be left untried which gives even a moderate promise of success. To obtain these objects does not require any very elaborate course of instruction. Our attendants need not all be accomplished teachers. But it should be expected of all of them, as part of their regular duty, to amuse and instruct the patients at all suitable times."

“To provide adequate personal care for each patient, it is very desirable that the number of attendants in our State hospitals should be increased. To secure to every one the proper amount of food, exercise, employment and amusement requires a larger force than can be afforded under our present scale of expenditure. Serious accidents may occur at any moment from a deficiency in attendants, and it is a matter of surprise that such results are so rare when the large number of excited and dangerous persons under treatment is considered.”

“But our attendants should not only be sufficient in number, they should be of an intelligent class and well trained for their work. For this object I would recommend the establishment, in each hospital, of a training school for nurses of the insane, similar to those now existing for nurses of the sick in some of the general hospitals in our large cities. It would not be difficult, with the concurrence of the medical staff, to introduce a system of teaching for the nurses which would prove of great value. Lectures and practical lessons should be given on the characteristics of the different forms of insanity, on the best modes of management, on the uses of the various medical and surgical appliances, and on bathing and the care of the person, and in these lectures and lessons the duty of kindness, patience and constant vigilance should be urgently enforced. Examinations on the subjects of the lectures would give emphasis to the instruction, while the physicians would naturally take every opportunity to call the attention of the nurses to points of importance in their visits to the wards. Such teaching would give the nurses a new interest in their occupation and a new sense of its importance and dignity. It would encourage them to feel that they are not merely paid servants, but that their duties are of a higher order,—that they are co-operating with the physicians and the trustees in a service to humanity.”

“The appointment of a head nurse in the women’s wards, who should have the general care of those wards and of the teaching and supervision of the nurses, would form an important part of the plan now proposed. The same system

of instruction should be carried out, as far as it is practicable, in the men's wards of the hospitals."

"The question has lately been considered whether women cannot be advantageously employed for part of the service in the men's wards of the hospitals. The influence of the presence and supervision of women of intelligence and good manners on the conduct of rude and excited patients in those wards can hardly fail to be beneficial, and in those hospitals where the experiment has been tried the result appears to be favorable. While it is probable that the larger part of the care of the men's wards can still be better performed by men, it would seem that a certain amount of supervision might be exercised with advantage by women judiciously selected for that duty. To what extent this substitution can be made can only be determined by experience in each hospital."

"One of the chief disadvantages under which our large State hospitals labor is the difficulty of carrying out methods of individual treatment specially adapted to each case. Where the numbers are so large and the medical staff is so small, there is danger that patients may fail to receive that careful attention to every symptom which is perhaps more important in some cases of acute mania and other forms of insanity than in any other disease. There are in all our hospitals large numbers of demented persons, and others in the chronic stages of insanity, who do not need much special medical care. Some of them have reached the highest condition of which they are capable when their daily bodily wants are supplied. Others, of a low grade of intelligence, require but little more than this. But the presence of these classes of patients is a serious disadvantage to the administration of the hospitals, and they could be as well and more economically cared for in less costly buildings. If the new hospital which must shortly be built by the State is adapted to the wants of such patients, enough of them can be transferred to the new structure to afford great relief to the existing hospitals and give them better opportunities for the proper classification and appropriate treatment of the acute and curable cases."

“The scientific study of the pathology of diseases of the brain, for which our hospitals afford so much valuable material, has been too much neglected in them. These institutions owe it to the community by which they are maintained not only to do all in their power to relieve those under their immediate care, but to aid as far as possible in the progress of science by which those who come after us are to be benefited. It is unfortunate that any unfounded prejudice should have had the effect to discourage the study of pathological anatomy in the hospitals. It is to be hoped that as more reasonable views prevail the community will learn to look with more favor on measures which are essential to the proper investigation of those mysterious changes of structure and function which lie at the root of all manifestations of cerebral disturbance. If a competent pathologist were attached to the State hospitals, whose duty it should be, with the assent of the friends of the patients in each case, to make an examination of the causes of death, and to record the post-mortem appearances, many valuable results might be obtained. This duty could be more satisfactorily performed by a specialist in pathology than by members of the medical staff in each hospital.”

“As one step towards making the experience of our hospitals available to science, I would urge the employment in each of one or more resident students, or late graduates in medicine, whose duty it shall be, under the direction of the superintendent, to make more thorough records than are now attempted of all important cases. It is true that the larger number of patients, many of whom show but little change in their condition from year to year, require but a short record. But we have our proportion of interesting and instructive cases, a full history of which is much to be desired. It is by the records of such cases, extending over long periods of time, that new laws may be discovered and new light obtained on the nature and treatment of disease.”

“The employment of such resident students or graduates in these and other duties would be of great benefit by relieving the present officers of a portion of their work, leaving them more time for personal attention to the pa-

tients. It would also have the incidental advantage of educating a larger number of the medical profession in the knowledge of insanity, thus creating a class of intelligent experts to which our hospitals may hereafter look for their physicians and superintendents."

"The imperfect acquaintance which many practitioners of medicine have with the diagnosis and treatment of insanity has often been remarked upon by those in charge of hospitals. This is the more to be regretted because, at present, the early treatment, which is of the utmost importance, must often fall into the hands of unskilled persons. Any measure which tends to increase the number of physicians in general practice who are competent to treat this affection in its early stages, when, if ever, it may be called curable, is worthy the attention of all who are in any way responsible for the mental health of the community."

"In what I have here presented I have endeavored to indicate some of the methods by which we may hope for improvement in the management of our hospitals. But whatever may be thought of the particular measures here advocated, I am sure that every member of this association will concur in the opinion that no effort can be too great and no experiment too difficult which shall afford a reasonable prospect of restoring to health or improving the condition of the unfortunate persons whom the State has committed to our care."

The Trustees have held weekly meetings as usual during the year, for the discharge of patients, and for the inspection of the wards and of all other parts of the hospital. The good results of the gradual improvements which have been made from year to year are manifest in every department. The hospital was never in better condition for performing its work than at the present time.

The Trustees take pleasure in acknowledging the faithful and efficient services of the Superintendent and the officers who have assisted him in his duties the past year.

Since the date of the last annual report the Board of Trustees has lost one of its members, Mr. Samuel L. Crocker, by death. Mr. Crocker was warmly interested in

everything that concerned the hospital and earnestly devoted to his duties as a Trustee. In his death the State has lost a faithful servant, and this Board a wise counsellor and friend.

LEBARON RUSSELL,
OAKES A. AMES,
GEORGE HOWLAND, JUN.,
WM. C. LOVERING,
SIMEON BORDEN,

Trustees.

TAUNTON, Oct. 12th, 1883.

SUPERINTENDENT'S REPORT.

To the Trustees of Taunton Lunatic Hospital.

GENTLEMEN:— In compliance with the by-laws of your board, I respectfully present this, the thirtieth annual report of the operations of the hospital for the year ending Sept. 30, 1883:—

General Statistics of the Year.

	Men.	Women.	Total.
Patients in hospital Oct. 1, 1882, . . .	284	284	568
Admissions within the year, . . .	177	158	335
Whole number of cases within the year, .	461	442	903
Discharges within the year, . . .	111	80	191
Viz.: as recovered, . . .	34	28	62
as much improved, . . .	15	13	28
as improved, . . .	21	25	46
as unimproved, . . .	41	14	55
Deaths, . . .	53	26	79
Patients remaining Sept. 30, 1883, . . .	297	336	633
Daily average number of patients, . . .	303.2	312.3	615.5

ADMISSIONS.

By reference to the foregoing table, it will be seen that the movement of the population has been much greater than that of the year before, 97 more patients having been admitted and 52 more having been discharged. Beginning the year with 568, the number increased to 674 during the month of July, which was 124 more than the full capacity of the hospital, rating its capacity at 550. Of those in the hospital at the beginning of the year, 10 were discharged and readmitted. Of those admitted during the year, 8 were discharged and readmitted, and 1 was admitted three times and discharged twice. This reduces the number of persons

under treatment to 883. Of the 335 patients admitted to the hospital, 218 were incurable when admitted, the prognosis was at least doubtful in 44, while there was a fair prospect of recovery in 68. This estimate can be only approximately correct, but it has been made with care and I think it is not far from the truth. It will be noticed by comparing this estimate with that of the year before, that the percentage of curable cases admitted has been somewhat less; more cases of paresis and other forms of organic brain diseases, and more old people with a mild form of senile insanity, some of whom, it seemed to me, should not have been committed to any hospital, have been received.

RECOVERIES.

Sixty-two patients were discharged as recovered, using the word recovered in its general acceptance. The percentage of recoveries on the admissions is 18.5, as against 18 for the year before. This result is as good as could reasonably have been expected from the character of the admissions. In my report of last year, I said: "Most of the recoveries are from acute cases, either mania or melancholia, and it seems to me I have recognized a gradual change taking place in recent years in the type of insanity. There is less acute mania, and we have in place of it other forms of insanity less marked by active excitement, which result from degeneration of the central nervous system and are incurable from the inception of the disease, usually ending in death or permanent impairment of the mind." The character of the admissions of the past year has tended to confirm the correctness of these views. It seems to be indisputable, that a less percentage of the insane committed to hospitals recover than was the case formerly. There may be reasons, which are not apparent at first sight, to account for this unpleasant fact, besides the change in the type of insanity referred to. Some, however, are clearly evident. One, and the chief reason, no doubt, is the increase of organic brain diseases, paresis and other forms, most, if not all, of which are incurable, and I am not sure but that the increase of these alone will account for most of the decrease in the percentage of recoveries. But I think there is an-

other element entering into the percentage of recoveries in hospitals which may not be so self-evident, but perhaps is not the less true. I refer to the increase in the number of curable cases which are treated and recover at home. Formerly the opinion was more generally held than now, that every insane person could be better treated in a hospital than at home and that the chances of recovery would be greatly diminished, if not altogether lost, if removal to a hospital was not made in the early stages of the disease.

The result of this opinion was earlier removals to hospitals, including a larger number of curable cases and more recoveries.

Any statistics to show the curability of insanity, to cover the whole ground, should include the number of insane persons who are treated out of hospitals as well as in them.

If physicians in general practice and those making a specialty of treating nervous diseases and insanity would keep a record of all the cases of insanity which come under their care or observation, including those who recover and those who do not, more light would be thrown on the whole subject of the curability of insanity, as well as on the success of home treatment in special cases, as compared with treatment in hospitals. My belief is, that excluding the cases of insanity arising from the different forms of organic brain disease, the percentage of recoveries has not diminished very greatly, if any, and that the more common forms of insanity, as acute mania, puerperal mania and melancholia, when they exist without complications, are as curable now as they ever were. That paresis and other organic affections of the brain are increasing in frequency is not a pleasant fact to contemplate, but it would be some comfort to the friends of the insane to know that certain forms of insanity are not less curable now than they were in the generation before us.

DEATHS.

The death-rate is lower than that of the year before, but higher than the average of recent years. The ratio on the whole number under treatment was eight and seven-tenths per cent, and on the daily average number of patients in the hospital twelve and eight-tenths per cent. The

reason of the high rate is to be found in the character of the cases admitted during the past two years. A larger number than usual of those admitted were suffering from brain disease and the insanity of old age. Two aged persons, one eighty-five, and the other eighty-nine, were *in articulo mortis* when brought to the hospital and only lived a few days after entrance. Neither of them, it seemed to me, should have been removed from home. But when the tender regard and natural affection of relatives becomes exhausted, it is not surprising that the family physician should concur in the opinion of the friends, that the aged one, whose mind has become clouded by the infirmities of years, should be sent to the hospital. But we would not complain. No option is left us in receiving them. We can only protest against the injustice of removing such from home and do the best we can to stand in place of kindred and make their last days as comfortable as possible.

A much smaller number than usual have died of acute mania. The great majority were suffering from the incurable forms of insanity. In only four of those who died was there any reasonable ground to hope for mental recovery; or, to reverse the picture, seventy-five of them were incurably insane, to whom death came as a release from hopeless mental disease. The number of deaths from paresis was sixteen, a greater number than that of the year before and larger than for some years past. Two suicides have occurred. Both were men. Neither of them were known to be suicidal and were not therefore especially watched. One other man attempted self-destruction by cutting his throat, but did not sever the large vessels and death was not the immediate result, but he refused food and resisted all efforts to save him and died at the end of four weeks, from exhaustion, after the wound in his neck had nearly closed.

When suicides occur in hospitals it is usually the unexpected which happens and the attempt is generally successful among those who have not been known to meditate it. A much larger number of suicidal patients have been admitted than usual during the year. The suicidal mania, like other special forms of mania, seems to be epidemic, or at least

more common, some years than others, both in hospitals and in the community. The past year has been favorable to its development.

TRIAL VISITS.

These have been granted more freely than in any year before and as a rule with good results. Most of the patients were discharged at the end of the trial. A few were returned. In some cases it is difficult to decide when the patient is well enough to bear the change of going home, and the trial settles the question before the discharge is made. The law passed by the last legislature, giving authority to the Superintendents of the hospitals to grant trial visits for a time not exceeding sixty days, I think will be productive of good results and give the sanction of law to a custom which had been practised in some hospitals for some time and found beneficial.

CLASSIFICATION.

A serious defect in the administration of this and other large hospitals, and one which cannot be entirely remedied, is a want of proper classification of the patients.

A good classification cannot be had with 35 or 40 patients in one ward, as is the case in this hospital at the present time, owing to its crowded condition. Some improvement may be expected, however, when the chronic insane and the criminal class are provided for in separate establishments erected for them by the State.

Most of the epileptics being chronic cases, would naturally be cared for in institutions for that class. I think future provision for the increase of the chronic insane in this State should be in the direction of providing for them inexpensive but entirely separate institutions. Any plan which looks towards enlarging the present hospitals, by making further provision in them, or in connection with them, for the increasing number of the chronic insane, will impair their usefulness as curative institutions and waste much of the money which has been expended for buildings suitable for acute cases, if not the best which could be erected for the purpose.

ATTENDANTS.

A greater number of competent, well-trained attendants, who have a love for and devotion to their work is much needed, but how to secure them is not easily settled. The position of attendant, or nurse, for the insane is a very hard and trying one, and only those who are fitted by nature for it can succeed, even with experience and the best of training. The majority of those who seek this employment do so as a temporary expedient to earn money and with no expectation of making it a business for a series of years.

The price of a good attendant is above rubies and the qualities demanded to fill the requirements should be amply rewarded, not only pecuniarily, but in the public recognition of the position as one of dignity and moral worth. To secure and retain a better class of attendants, it may be necessary to advance the wages of such as, by natural qualifications and training, fit themselves for the business. This applies more especially to female attendants, who are now paid much less than male attendants for the same amount and kind of work.

EMPLOYMENT.

About the same number of patients have been employed in the various departments of labor as in years before. A large number of male patients have worked on the farm, doing farm work and grading. The latter will be continued and furnish employment until the ground is frozen. A greater amount of sewing and knitting has been done in the sewing-room and in the halls than in any year before. In the appendix may be found a list of the different articles made.

IMPROVEMENTS.

Some of the improvements for which an appropriation was made by the legislature at its last session have been completed, and the others are in process of completion or begun. New floors have been laid in the chapel, in the kitchen, and on one of the halls. The new heater is now being finished, and when it is completed, with the new sup-

ply pipe, I have no doubt but it will furnish an abundant supply of hot water for the house. Arrangements are now being made to purchase for the hospital a piece of land on the shore of the pond below Morey's bridge, as a site for an ice-house. If the land can be secured the house will be built before winter, or before the ice crop is ready to be cut.

The appropriation for extending the water pipe, connected with the city water works, for fire purposes, through the premises in the rear of the hospital, has been expended in laying 1,150 feet of pipe, with five hydrants. The pipe has also been connected with the pumps, so that the city water can, if desired, be pumped into the tank in the tower of the new building.

I recommend that this pipe be extended round the buildings during the next season, to complete the circuit, and that two more hydrants be added to protect the east new wing and the stable. To do this will require eight hundred feet of pipe, which, with the two hydrants, will cost thirteen hundred dollars.

New floors will need to be laid during the year on most of the verandas and on a portion of two of the halls. The floor timbers of some of the verandas are much decayed, owing to their exposure to the weather, and will have to be renewed. The expense of these repairs will be not far from eight hundred dollars.

The front centre building needs more protection than it now has from destruction by fire. By reason of the partition walls being of wood it would be more difficult to save, if a fire should be started in it, than any other part of the hospital. This is especially true of the fourth story, which is finished into rooms occupied as dormitories for a portion of the help. A fire in one of these rooms would speedily reach the dome and soon devour the whole centre building. For the purpose of arresting a fire in these apartments, where it would be most liable to occur, I recommend that they be separated from the dome by a brick wall supported by an iron truss. The whole cost of such a wall, from the best estimate I can get, would be about nine hundred dollars, which is a small sum to expend for a purpose which might save the whole centre building from destruction.

The products of the vegetable garden are injured more or less every year by lack of rain, the soil being very light and sandy. I would suggest that a four-inch iron pipe be laid to it from the hydrant in front of the hospital which is connected with the pumps, so that it may be irrigated by water from the river during the dry weather of summer. Were this done, I think the increase of the garden crop would pay the expense of the outlay in one or two years. The cost of the pipe would be about five hundred dollars. A new fire pump to take the place of one of the old ones is needed, and will cost seven hundred and thirty dollars.

All of the exterior woodwork of the hospital buildings needs painting, and most of it will require two coats. It will cost, to do it well, not less than twenty-five hundred dollars. I believe it is true economy to keep all public buildings in good repair. If they are allowed to decay in any part, the process of destruction goes forward with great rapidity, and a little delay will often very materially increase the cost of repair. Besides, good order and neatness are contagious, as well as the opposite. If the buildings and premises are neglected and allowed to deteriorate, the same spirit of carelessness or indifference will soon pervade all the work of the internal departments.

The new street across the northern line of the land purchased by the hospital from the Strange estate has not been laid out yet, for the reason that the statute granting the right of way to the city over the land did not provide for the whole distance contemplated in the project for changing Danforth Street. The statute can be amended by the next legislature, and when that is done I have no doubt but that the street will be laid out as designed. The expense of carrying out your agreement with the city of Taunton, to build the street and settle all damage to the abutters, if the city will lay out the street, build the new bridge and discontinue Danforth Street from the east shore of Mill River to a point opposite the residence of Mr. Francis, will be about thirty-six hundred dollars. To cover the expense of these several improvements to the hospital which I have herein detailed, I recommend you to ask of the legislature an appropriation of \$10,330.

While the price of board continues at the present rate per week, the hospital cannot more than pay its current running expenses, and to do that without abridging any of the comforts or supervision of the patients, careful economy must be practised.

FINANCIAL CONDITION.

The financial condition of the hospital is somewhat better than it was a year ago. The amount due the institution at the end of the year exceeded the liabilities by \$8,497.64.

The finances have, as heretofore, been managed economically and with due regard to the best interests of the institution. The hospital has been more than self-supporting since it was first opened for the reception of patients. Besides paying its current expenses from its income, it has from time to time expended considerable sums in the erection of new buildings and in repairs and improvements, for which the State has received the benefit in the increased value of the property. The expense of erecting most of the out-buildings, except the laundry, and of the improvements in the old wings and centre building, has been paid from the current income. By these expenditures the surplus has been reduced somewhat, but your policy has been not to ask for an appropriation from the State treasury if the hospital could bear the burden without cramping its finances too much.

This has not been an expensive institution to the State. The whole amount which the State has appropriated to the hospital for buildings and all other purposes, since the act authorizing its erection to the present time, is the sum of \$477,000, which is much less than the present value of the property.

RELIGIOUS SERVICES AND ENTERTAINMENTS.

Religious services were held in the chapel every Sunday afternoon, the clergymen of the city officiating in turn. This plan I consider preferable to having the service conducted by the same person each Sunday. The usual number and variety of entertainments were provided for the patients during the evenings of the autumn, winter and

spring. Two and three, and sometimes four, were given each week, most of them by members of our own household, but we were kindly aided in the good work by friends from the city and others interested in the hospital.

ACKNOWLEDGMENTS.

The editors of the "Daily Mercury," "The Old Colony Memorial" and the "Gospel Banner" have sent their papers to the hospital free of charge. I should be glad to make the same acknowledgment in behalf of other newspapers in the State. Books and magazines for the library have been received from Mr. E. H. Perry of Boston, Rev. T. Richmond and Mrs. C. R. Vickery of Taunton. Two dramatic entertainments were given by members of the Arlington Street Sunday School; a cantata by the children of St. John's Sunday School; a fine musical entertainment by Mr. John Keniston of Boston, as pianist, assisted by Mr. J. E. DeBlois and the Winch Quartette of Taunton. The Bristol County Agricultural Society, as usual, extended to the residents of the hospital free admission to its grounds during its recent fair.

The daily work of caring for the patients, medically and otherwise, has been much increased by the crowded condition of the hospital. The duties of all who have had the immediate care of the inmates have been arduous. The faithful and intelligent service of the assistant medical officers merits much commendation. The supervisors and other assistant officers, as also most of the attendants and employés, have performed their duties conscientiously and in a satisfactory manner. To your Board, for the confidence and cordial support you have given me during the year, I am very thankful and record my grateful appreciation.

J. P. BROWN, *Superintendent.*

INVENTORY OF STOCK AND SUPPLIES

ON HAND SEPT. 30, 1883.

Live stock on the farm,	\$3,765 00
Produce of the farm on hand,	1,000 00
Carriages and agricultural implements,	2,170 00
Machinery and mechanical fixtures,	37,000 00
Beds and bedding in inmates' department,	16,100 00
Other furniture in inmates' department,	7,756 49
Personal property of the State in the Superintendent's department,	10,207 36
Dry goods,	3,263 56
Provisions and groceries,	1,794 46
Drugs and medicine,	600 00
Fuel,	1,000 00
Library,	600 00
	<hr/>
	\$85,256 87

TREASURER'S REPORT.

I respectfully submit the following report of the finances of this institution for the year ending Sept. 30, 1883, to the Trustees : —

ASSETS.

139 acres of land,	\$34,800 00
Hospital building,	275,000 00
Brick barn and stable,	8,000 00
Laundry building,	8,000 00
Other buildings and wall,	7,000 00
	<hr/> \$332,800 00

PERSONAL ESTATE.

Stock and supplies on hand, as per inventory appended to the Trustees' report,	85,256 87
Reserve fund,	4,000 00
	<hr/> \$422,056 87

RECEIPTS.

Received from the State Treasurer,	\$18,778 01
from towns,	80,232 41
from individuals,	12,329 25
from sales,	730 56
from interest,	280 00
	<hr/> \$112,350 23

PAYMENTS.

Cash due Treasurer Oct. 1, 1882,	\$25 11
1st. Salaries, wages and labor,	30,275 15
2d. Provisions and supplies, etc : —	
Meats of all kinds,	\$9,744 45
	<hr/>
<i>Amounts carried forward,</i>	\$9,744 45
	<hr/> \$30,300 26

<i>Amounts brought forward,</i>	\$9,744 45	\$30,300 26
Fish of all kinds,	2,060 95	
Fruit and vegetables,	2,034 02	
Flour and bread,	6,042 60	
Grain and meal for table,	409 27	
Grain and meal for stock,	2,052 64	
Tea, coffee and broma,	2,092 26	
Sugar and molasses,	4,740 79	
Milk, butter and cheese,	10,398 59	
Salt and other groceries,	5,542 21	
		<hr/> 45,117 78
3d. Clothing,		6,569 43
4th. Fuel and light,		10,841 49
5th. Medicines and medical supplies,		1,593 35
6th. Furniture, beds and bedding,		5,286 44
7th. Transportation,		563 12
8th. Ordinary construction and repairs,		5,099 06
9th. Extraordinary construction and repairs,		2,698 87
10th. Miscellaneous expenses,		4,308 93
		<hr/> \$112,378 73

LIABILITIES.

Salaries and wages due Oct. 1, 1883,	\$3,576 79
Miscellaneous bills due,	18,444 36
Amount due Treasurer Sept. 30, 1883,	28 50
	<hr/> \$22,049 65
Due the institution for board Oct. 1, 1883: —	
From towns,	\$21,699 25
State,	5,417 74
individuals,	3,430 40
	<hr/> \$30,547 39

SUMMARY.

Total receipts,	\$112,350 23
Total payments,	112,378 73
	<hr/> \$28 50
Total liabilities,	\$22,049 65
Total debts due the institution,	30,547 39
	<hr/> \$8,497 74

Total expenditures, \$112,378 73

Dividing this sum by 615.5, the average number of patients,
we have the annual cost of each patient, \$182 58
And the average weekly cost of, \$3 51

Deducting from the current expenditures, \$112,378 73
The extraordinary construction and repairs, 2,698 87

\$109,679 86

Dividing \$109,679.86 by 615.5, the average number of pa-
tients, we have the annual cost of each patient, . . . \$178 20
And the average weekly cost of \$3 43

JOHN KITTREDGE, *Treasurer.*

TAUNTON LUNATIC HOSPITAL, Oct. 12, 1883.

The undersigned have this day examined the foregoing account and find it correct.

GEO. HOWLAND, JUN.
WM. C. LOVERING.

FINANCIAL STATEMENT

OF THE APPROPRIATION MADE BY THE LEGISLATURE OF 1882 FOR
PURCHASE OF LAND.

Amount of appropriation,	. . . . .	\$10,000 00
Amount drawn to date,	. . . . .	8,100 00
		<hr/>
Balance of appropriation,	. . . . .	\$1,900 00

JOHN KITTREDGE, *Treasurer.*

TAUNTON, Sept. 30, 1883.

OF THE APPROPRIATION MADE BY THE LEGISLATURES OF 1882 AND
1883.

For laying floors, water-pipe and hydrants, purchase of new fire hose, new heater and piping, new ice-house.		
Amount of appropriation,	. . . . .	\$5,500 00
Amount drawn to date, viz.: —		
For laying floors, etc.,	. . . . .	\$500 00
water-pipes and hydrants,	. . . . .	1,500 00
new fire hose,	. . . . .	500 00
		<hr/>
		2,500 00
		<hr/>
Balance of appropriation,	. . . . .	\$3,000 00

JOHN KITTREDGE, *Treasurer.*

N, Sept. 30, 1883.

LIST OF PERSONS

EMPLOYED AT THE TAUNTON LUNATIC HOSPITAL, SEPT. 30, 1883.

Superintendent and Physician,	(per year)	\$2,500 00
First Assistant Physician,	"	1,500 00
Second Assistant Physician,	"	1,000 00
Treasurer and Clerk,	"	1,200 00
Housekeeper,	(per week)	5 00
Supervisor (male),	(per year)	500 00
Supervisor (female),	"	400 00
Engineer,	(per month)	83 33 $\frac{1}{3}$
Assistant Supervisor (male),	"	25 00
Assistant Supervisor (female),	"	25 00
Baker,	"	40 00
Assistant baker,	"	28 00
Coachman,	"	30 00
Gardener,	"	25 00
Night-watch (male),	"	30 00
Night-watch (female),	"	18 00
Fireman,	"	30 00
Fireman,	"	25 00
Stable-hand,	"	25 00
Stable-hand,	"	12 00
Farm-hand,	"	35 00
Farm-hand,	"	26 00
Farm-hands (2),	"	20 00
Farm-hands (2),	"	18 00
Upholsterer and clerk,	"	37 00
Laborer,	"	25 00
Laborer,	"	20 00
Store-keeper,	"	30 00
Laundryman,	"	25 00

Kitchen-hand,	(per month)	\$20 00
Attendants (male) (19), . . .	(average price per month)	23 00
Attendants (female) (23), . . .	“ “ “	16 00
House Attendant,	(per week)	3 50
House Attendant,	“	3 00
Seamstress,	“	5 00
Assistant Seamstresses (2), . . .	(per month)	14 00
Assistant Seamstresses (2), . . .	(per week)	3 00
Laundress,	“	5 00
Laundry-girls (8),	(average price per week)	3 33
Cooks (2),	(per week)	3 87
Kitchen-girls (4),	(average price per week)	3 12½
Space-girls (3),	(per week)	3 00

STATISTICAL TABLES.

TABLE NO. 1.
General Statistics of the Year.

	Males.	Females.	Total.
Patients in hospital Oct. 1, 1882, . . .	284	284	568
Admissions within the year, . . .	177	158	335
Whole number of cases within the year, . .	461	442	903
Discharges within the year, . . .	111	80	191
Viz.: as recovered, . . .	34	28	62
much improved, . . .	15	13	28
improved, . . .	21	25	46
unimproved, . . .	41	14	55
Deaths, . . .	53	26	79
Patients remaining Sept. 30, 1883, . . .	297	336	633
Viz.: supported as State patients, . . .	58	53	111
town patients, . . .	213	250	463
private patients, . . .	26	33	59
Number of different persons within the year, .	449	434	883
admitted, . . .	170	154	324
recovered, . . .	34	28	62
Daily average number of patients, . . .	303.2	312.3	615.5

TABLE NO. 2.
Monthly Admissions, Discharges and Averages.

MONTHS.	ADMISSIONS.			DISCHARGES (Including Deaths).			DAILY AVERAGE OF PATIENTS IN THE HOUSE.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
1882.									
October, . . .	23	11	34	8	10	18	291.9	287.3	579.2
November, . . .	13	13	26	12	6	18	300.7	288.1	588.8
December, . . .	12	10	22	14	12	26	298.6	292.2	590.8
1883.									
January, . . .	13	14	27	7	7	14	299.2	293.9	593.1
February, . . .	9	8	17	8	4	12	303.4	297.9	601.3
March, . . .	11	18	29	13	11	24	304.5	307.9	612.4
April, . . .	8	8	16	16	6	22	298.5	307.4	605.9
May, . . .	17	21	38	14	10	24	295.9	314.1	610.0
June, . . .	30	25	55	7	5	12	312.8	331.3	644.1
July, . . .	17	11	28	16	5	21	321.0	344.4	665.4
August, . . .	12	10	22	28	14	42	310.7	341.2	651.9
September, . . .	12	9	21	21	16	37	301.1	340.6	641.7
Total of cases, . . .	177	158	335	164	106	270	303.2	312.3	615.5
Total of persons, . . .	170	154	324	163	104	267	-	-	-

TABLE No. 3.

Received on First and Subsequent Admissions.

NUMBER OF THE ADMISSION.	CASES ADMITTED.			TIMES PREVIOUSLY RECOVERED.		
	Males.	Females.	Total.	Males.	Females.	Total.
First,	142	131	273	—	—	—
Second,	19	12	31	8	5	13
Third,	6	8	14	—	5	5
Fourth,	3	3	6	4	4	8
Fifth,	2	1	3	4	—	4
Sixth,	1	1	2	4	7	11
Seventh,	2	2	4	9	5	14
Ninth,	1	—	1	6	—	6
Fifteenth,	1	—	1	12	—	12
Total of cases, . . .	177	158	335	47	26	73
Total of persons, . .	170	154	324	17	15	32

TABLE No. 4.

Ages of Persons Admitted for the First Time.

AGES.	AT FIRST ATTACK OF INSANITY.			WHEN ADMITTED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Fifteen years and less, . .	6	3	9	—	—	—
From 15 to 20 years, . . .	11	9	20	9	7	16
20 to 25 years,	20	21	41	22	17	39
25 to 30 years,	12	13	25	26	16	42
30 to 35 years,	13	14	27	14	11	25
35 to 40 years,	16	15	31	14	18	32
40 to 50 years,	16	21	37	27	23	50
50 to 60 years,	10	15	25	12	13	25
60 to 70 years,	8	12	20	8	16	24
70 to 80 years,	5	4	9	7	5	12
Over 80 years,	2	3	5	3	5	8
Unknown,	23	1	24	—	—	—
Totals,	142	131	273	142	131	273

TABLE No. 5.
Parentage of Persons Admitted.

PLACES.	MALES.		FEMALES.		TOTALS.	
	Father.	Mother.	Father.	Mother.	Father.	Mother.
Maine,	4	4	5	5	9	9
New Hampshire,	4	4	5	5	9	9
Vermont,	1	1	—	—	1	1
Massachusetts,	62	62	49	49	111	111
Rhode Island,	3	3	—	—	3	3
New York,	1	1	—	2	1	3
New Jersey,	1	1	1	1	2	2
Pennsylvania,	1	1	—	—	1	1
Virginia,	1	1	—	—	1	1
District of Columbia, . .	—	—	1	1	1	1
Louisiana,	1	1	—	—	1	1
Dominion of Canada, . . .	15	15	12	12	27	27
England,	8	8	12	12	20	20
Ireland,	54	54	60	59	114	113
Scotland,	2	2	3	3	5	5
Norway,	1	1	—	—	1	1
Sweden,	4	4	1	1	5	5
Russia,	—	—	1	1	1	1
Poland,	1	1	—	—	1	1
Germany,	4	4	3	3	7	7
France,	—	—	1	1	1	1
Italy,	2	2	1	—	3	2
Western Islands,	1	1	3	3	4	4
Porto Rico,	1	1	—	—	1	1
Unknown,	5	5	—	—	5	5
Totals,	177	177	158	158	335	335

TABLE NO. 6.
Residence of Persons Admitted.

PLACES.	Males.	Females.	Total.
County : Bristol,	52	55	107
Plymouth,	25	10	35
Barnstable,	9	2	11
Nantucket,	1	-	1
Suffolk,	70	77	147
Norfolk,	17	11	28
Middlesex,	1	1	2
Dukes,	2	1	3
Essex,	-	1	1
Totals,	177	158	335
Cities or large towns,	120	127	247
Country districts,	57	31	88

TABLE NO. 7.
Civil Condition of Persons Admitted.

NUMBER OF THE ADMISSION.	UNMARRIED.			MARRIED.			WIDOWED.			UNKNOWN.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
First,	71	51	122	56	47	103	12	33	45	3	-	3
Second,	13	3	16	5	7	12	1	2	3	-	-	-
Third,	2	2	4	3	4	7	1	2	3	-	-	-
Fourth,	1	1	2	2	2	4	-	-	-	-	-	-
Fifth,	1	-	1	1	-	1	-	1	1	-	-	-
Sixth,	-	-	-	1	1	2	-	-	-	-	-	-
Seventh,	1	-	1	1	1	2	-	1	1	-	-	-
Ninth,	1	-	1	-	-	-	-	-	-	-	-	-
Fifteenth,	-	-	-	-	-	-	1	-	1	-	-	-
Totals,	90	57	147	69	62	131	15	39	54	3	-	3

TABLE No. 8.

Occupations of Persons Admitted.

OCCUPATIONS.	Males.	Females.	Total.
Laborer,	48	—	48
Housekeeper,	—	99	99
Domestic,	—	38	38
Mill operative,	16	8	24
Teacher,	2	3	5
No occupation,	16	3	19
Laundress,	—	3	3
Milliner,	—	1	1
Seamstress,	—	1	1
Dressmaker,	—	1	1
Nurse,	—	1	1
Mariner,	12	—	12
Farmer,	14	—	14
Clerk,	7	—	7
Shoemaker,	7	—	7
Painter,	6	—	6
Carpenter,	6	—	6
Machinist,	3	—	3
Student,	3	—	3
Stone mason,	3	—	3
Jeweller,	4	—	4
Plumber,	2	—	2
Stevedore,	2	—	2
Peddler,	2	—	2
Bookkeeper,	2	—	2
Clergyman,	2	—	2
Glassworker,	1	—	1
Iron moulder,	1	—	1
Boiler maker,	1	—	1
Cigar maker,	1	—	1
Harness maker,	1	—	1
Depot master,	1	—	1
Cooper,	1	—	1
Printer,	1	—	1
Tinsmith,	1	—	1
Marketman,	1	—	1
Image maker,	1	—	1
Carriage maker,	1	—	1
Shipwright,	1	—	1
Wheelwright,	1	—	1
Blacksmith,	1	—	1
Hostler,	1	—	1
Hotel-keeper,	1	—	1
Waiter,	1	—	1
Tailor,	1	—	1
Carpet printer,	1	—	1
Totals,	177	158	335

TABLE No. 9.

Reported Duration of Insanity before Last Admission.

PREVIOUS DURATION.	FIRST ADMISSION TO ANY HOSPITAL.			ALL OTHER ADMISSIONS.			TOTALS.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Congenital,	5	3	8	—	—	—	5	3	8
Under 1 month,	28	28	56	4	3	7	32	31	63
From 1 to 3 months,	8	19	27	4	3	7	12	22	34
3 to 6 months,	15	12	27	2	—	2	17	12	29
6 to 12 months,	16	18	34	3	2	5	19	20	39
1 to 2 years,	17	11	28	2	3	5	19	14	33
2 to 5 years,	22	24	46	10	7	17	32	31	63
5 to 10 years,	4	7	11	3	3	6	7	10	17
10 to 20 years,	4	3	7	2	5	7	6	8	14
Over 20 years,	—	2	2	4	1	5	4	3	7
Unknown,	23	4	27	1	—	1	24	4	28
Total of cases,	142	131	273	35	27	62	177	158	335
Total of persons,	—	—	—	—	—	—	170	154	324

TABLE No. 10.

Form of Disease in Cases Admitted.

FORM OF DISEASE.	Males.	Females.	Total.
Mania, acute,	47	44	91
chronic,	40	43	83
Melancholia,	14	20	34
Dementia,	26	9	35
Paresis,	17	1	18
Organic brain disease,	3	6	9
Epileptic,	12	5	17
Congenital imbecility,	5	1	6
Senile insanity,	12	19	31
Paralytic insanity,	1	1	2
Puerperal mania,	—	9	9
Total of cases,	177	158	335
Total of persons,	170	154	324

TABLE No. 11.

Probable Causes of Insanity in Cases Admitted.

CAUSES.	Males.	Females.	Total.
Physical. — Intemperance,	38	8	46
Sunstroke,	4	—	4
Senility,	14	18	32
Epilepsy,	13	6	19
Masturbation,	15	1	16
Injury to head,	—	2	2
Injury to spine,	1	—	1
Congenital,	5	1	6
Overwork,	5	8	13
Paralysis,	1	1	2
Typhoid fever,	—	5	5
Excesses,	4	—	4
Menopause,	—	6	6
Puerperal,	—	10	10
Excessive lactation,	—	2	2
Bright's disease,	—	1	1
Overstudy,	—	1	1
Moral. — Loss of property,	1	—	1
Disappointment,	1	1	2
Domestic affliction,	3	13	16
Religious excitement,	5	6	11
Predisposing. — Previous attacks,	9	15	24
Hereditary predisposition,	29	21	50
Unknown,	29	32	61
Totals,	177	158	335

TABLE NO. 12.

Relation to Hospitals of Persons Admitted.

HOSPITAL RELATIONS.	Males.	Females.	Total.
First admission to any hospital for insane,	131	115	246
Former inmates of this hospital, . . .	35	24	59
of Worcester,	-	1	1
of Danvers,	5	3	8
of McLean Asylum,	-	1	1
of South Boston,	2	1	3
Former inmates of this hospital and of			
Danvers,	-	3	3
Worcester,	-	1	1
Concord, N. H.,	-	2	2
Former inmates of Danvers and Butler			
Hospital,	-	1	1
Butler Hospital, R. I.,	2	3	5
Former inmates of hospital in Italy, . . .	1	-	1
Denmark,	1	-	1
Ireland,	-	3	3
Totals,	177	158	335

TABLE NO. 13.

How Supported.

SUPPORTED AS	PATIENTS ADMITTED.		
	Males.	Females.	Total.
State patients,	97	77	174
Town patients,	73	74	147
Private patients,	7	7	14
Totals,	177	158	335

TABLE No. 14.
Discharges Classified by Admission and Result.

ADMISSION.	RECOVERED.			MUCH IMPROVED.			IMPROVED.			UNIMPROVED.			DIED.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
First, .	31	20	51	11	7	18	18	18	36	33	10	43	46	22	68	139	77	216
Second, .	1	7	8	2	1	3	—	3	3	7	2	9	6	1	7	16	14	30
Third, .	—	—	—	—	1	1	2	1	1	1	1	2	1	2	3	2	5	7
Fourth, .	—	—	—	—	—	—	2	1	3	—	1	1	—	—	—	2	2	4
Fifth, .	1	—	1	—	2	2	1	1	2	—	1	1	—	1	1	2	4	6
Sixth, .	—	1	1	1	1	2	—	2	2	—	—	—	—	—	—	1	4	5
Seventh, .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Ninth, .	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Total of cases, .	34	28	62	15	12	27	21	25	46	41	15	56	53	26	79	164	106	270
Total of persons, .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	163	101	267

TABLE NO. 15.

Cases Discharged Recovered. — Duration.

PERIOD.	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION FROM THE ATTACK.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Congenital,	—	—	—	—	—	—	—	—	—
Under 1 month,	11	15	26	5	2	7	—	—	—
From 1 to 3 months,	3	4	7	11	6	17	10	5	15
3 to 6 months,	2	3	5	8	7	15	2	5	7
6 to 12 months,	3	1	4	6	11	17	1	10	11
1 to 2 years,	2	1	3	1	2	3	3	4	7
2 to 5 years,	—	4	4	1	—	1	3	3	6
5 to 10 years,	—	—	—	2	—	2	2	1	3
10 to 20 years,	—	—	—	—	—	—	—	—	—
Over 20 years,	—	—	—	—	—	—	—	—	—
Unknown,	13	—	13	—	—	—	13	—	13
Total of cases,	34	28	62	34	28	62	34	28	62
Total of persons,	34	28	62	34	28	62	34	28	62
Average of known cases (in months),	3.5	6.5	5.3	9.7	6.3	7.7	13.2	12.8	13.0

TABLE NO. 16.

Cases Resulting in Death. — Duration.

PERIOD.	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION FROM THE ATTACK.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Congenital,	1	—	1	—	—	—	—	—	—
Under 1 month,	3	4	7	7	7	14	1	3	4
From 1 to 3 months,	2	6	8	9	—	9	—	2	2
3 to 6 months,	3	1	4	8	4	12	—	2	2
6 to 12 months,	7	4	11	6	3	9	5	2	7
1 to 2 years,	5	—	5	4	6	10	6	3	9
2 to 5 years,	10	5	15	7	1	8	11	5	16
5 to 10 years,	5	1	6	7	4	11	10	3	13
10 to 20 years,	1	1	2	3	1	4	1	2	3
Over 20 years,	—	—	—	2	—	2	3	—	3
Unknown,	16	4	20	—	—	—	16	4	20
Total of cases,	53	26	79	53	26	79	53	26	79
Average of known cases (in months),	30.6	22.0	27.4	34.9	21.4	29.9	32.7	21.7	27.2

TABLE No. 17.

Cases Discharged by Recovery or Death. — Form of Insanity.

FORM OF INSANITY.	RECOVERIES.			DEATHS.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Mania, acute,	23	15	38	2	2	4
chronic,	1	2	3	7	4	11
Melancholia, acute,	4	5	9	1	1	2
chronic,	6	3	9	3	5	8
Dementia,	—	—	—	6	1	7
Epilepsy,	—	—	—	6	—	6
Paresis,	—	—	—	15	2	17
Organic brain disease,	—	—	—	5	6	11
Senile insanity,	—	—	—	6	4	10
Idiocy,	—	—	—	1	—	1
Paralytic insanity,	—	—	—	1	—	1
Puerperal mania,	—	3	3	—	1	1
Total of cases,	34	28	62	53	26	79
Total of persons,	34	28	62	—	—	—

TABLE No. 18.

Causes of Death.

CAUSES.	Males.	Females.	Total.
Mania, acute,	2	2	4
chronic,	1	4	5
Epilepsy,	3	—	3
Paresis,	14	2	16
Apoplexy,	3	1	4
Organic brain disease,	3	6	9
Melancholia,	—	4	4
Phthisis,	6	2	8
Diarrhœa,	3	—	3
Gastritis,	1	—	1
Marasmus,	1	—	1
Senile insanity,	4	1	5
Paralytic insanity,	1	—	1
Old age,	3	2	5
Anæmia,	—	1	1
Chorea,	1	—	1
Cardiac disease,	1	—	1
Dysentery,	2	—	2
Disease of liver,	1	—	1
Puerperal mania,	—	1	1
Strangulation,	2	—	2
Self injury,	1	—	1
Totals,	53	26	79

TABLE NO. 19.

Deaths, Classified by Results of Previous Admissions.

NUMBER OF THE ADMISSION.	RECOVERED.			IMPROVED.			UNIMPROVED.			TOTALS.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
First, . . .	-	-	-	4	4	8	3	-	3	7	4	11
Second, . . .	-	1	1	1	-	1	-	-	-	1	1	2
Third, . . .	-	1	1	-	-	-	-	-	-	-	1	1
Fourth, . . .	-	1	1	-	-	-	-	-	-	-	1	1
Totals, . . .	-	3	3	5	4	9	3	-	3	8	7	15

TABLE No. 21.

Deaths, Classified by Duration of Insanity and Treatment.

PERIOD.	DURATION OF INSANITY.			WHOLE KNOWN PERIOD OF HOSPITAL RESIDENCE.		
	Males.	Females.	Total.	Males.	Females.	Total.
Congenital,	1	—	1	—	—	—
Under 1 month,	1	3	4	8	7	15
From 1 to 3 months,	—	2	2	9	—	9
3 to 6 months,	2	2	4	10	3	13
6 to 12 months,	6	2	8	5	2	7
1 to 2 years,	6	3	9	2	5	7
2 to 5 years,	12	6	18	8	4	12
5 to 10 years,	8	5	13	8	3	11
10 to 20 years,	2	2	4	1	2	3
Over 20 years,	2	1	3	2	—	2
Unknown,	13	—	13	—	—	—
Total of cases,	53	26	79	53	26	79
Average of all known cases (in months),	30.5	66.5	44.7	56.4	33.6	47.4

TABLE NO. 22.
Ages of those who Died.

AGES.	AT TIME OF FIRST ATTACK.			AT TIME OF DEATH.		
	Males.	Females.	Total.	Males.	Females.	Total.
Fifteen years and less, . . .	2	—	2	—	—	—
From 15 to 20 years, . . .	4	1	5	1	—	1
20 to 25 years, . . .	5	—	5	3	1	4
25 to 30 years, . . .	1	—	1	6	—	6
30 to 35 years, . . .	2	3	5	2	1	3
35 to 40 years, . . .	8	3	11	11	2	13
40 to 50 years, . . .	6	8	14	6	6	12
50 to 60 years, . . .	7	3	10	8	5	13
60 to 70 years, . . .	4	5	9	4	4	8
70 to 80 years, . . .	6	1	7	8	4	12
Over 80 years, . . .	2	2	4	4	3	7
Unknown, . . .	6	—	6	—	—	—
Totals, . . .	53	26	79	53	26	79

[illegible]

TABLE No. 24.
Cases Previously Recovered in this Hospital and Readmitted.

YEARS ENDING	ADMITTED.		DISCHARGED AND DIED IN 1883.												REMAINING SEPT. 30, 1883.				
	Males.	Females.	RECOVERED.			MUCH IMPROVED.			IMPROVED.			UNIMPROVED.			DIED.		Males.	Females.	Total.
			Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.				Total.
1854,	.	1	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1855,	.	2	.	2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1856,	.	3	.	3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1857,	.	2	.	2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1858,	.	5	.	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1859,	.	8	.	8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1860,	.	3	.	3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1861,	.	7	.	7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1862,	.	6	.	6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1863,	.	10	.	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1864,	.	4	.	4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1865,	.	5	.	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1866,	.	7	.	7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1867,	.	8	.	8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1868,	.	7	.	7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1869,	.	5	.	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1870,	.	10	.	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1871,	.	12	.	12	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1872,	.	13	.	13	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1873,	.	17	.	17	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1874,	.	18	.	18	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1875,	.	28	.	28	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1876,	.	23	.	23	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1877,	.	22	.	22	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1878,	.	19	.	19	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1879,	.	14	.	14	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1880,	.	10	.	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1881,	.	5	.	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1882,	.	19	.	19	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1883,	.	22	.	22	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1884,	.	28	.	28	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1885,	.	23	.	23	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1886,	.	17	.	17	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1887,	.	18	.	18	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1888,	.	15	.	15	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1889,	.	6	.	6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1890,	.	11	.	11	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1891,	.	7	.	7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1892,	.	8	.	8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1893,	.	5	.	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1894,	.	6	.	6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1895,	.	10	.	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1896,	.	7	.	7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1897,	.	4	.	4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1898,	.	11	.	11	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1899,	.	6	.	6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1900,	.	15	.	15	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1901,	.	7	.	7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1902,	.	8	.	8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1903,	.	10	.	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1904,	.	6	.	6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1905,	.	11	.	11	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1906,	.	7	.	7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1907,	.	4	.	4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1908,	.	11	.	11	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1909,	.	6	.	6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1910,	.	10	.	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1911,	.	7	.	7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1912,	.	16	.	16	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1913,	.	7	.	7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1914,	.	17	.	17	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1915,	.	10	.	10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1916,	.	17	.	17	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1917,	.	7	.	7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1918,	.	12	.	12	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1919,	.	11	.	11	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1920,	.	5	.	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1921,	.	3	.	3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1922,	.	7	.	7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1923,	.	1	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1924,	.	2	.	2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1925,	.	5	.	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1926,	.	7	.	7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1927,	.	1	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1928,	.	2	.	2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1929,	.	1	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1930,	.	1	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

ARTICLES MADE IN SEWING-ROOM

FOR THE YEAR ENDING SEPT. 30, 1883.

394 dresses.	222 pairs suspenders.
316 wrappers.	1 pair overalls.
1,361 sheets.	14 stand spreads.
1,143 pillow-slips.	102 pairs mittens.
401 chemises.	2 new carpets.
320 pairs drawers.	28 bed spreads.
551 skirts.	46 rugs (hemmed).
24 night-dresses.	43 table spreads.
4 shirts.	88 camisoles.
258 roller towels.	64 napkins.
1,086 towels.	8 double sheets.
70 window curtains.	4 waists.
3 drapery curtains.	3 basques.
1 lambrequin.	8 long cushions.
202 straw ticks.	47 holders.
61 mattress ticks.	1 saeque.
97 pillow ticks.	452 pairs hose.
14 clothes bags.	16 pairs wristers.
176 aprons.	

TRUSTEES

OF THE TAUNTON LUNATIC HOSPITAL.

NAME.	Residence.	When appointed.	Service ended.	From what cause.
* Marcus Morton, . . .	Taunton, . . .	1853,	1854,	Resigned.
* William Sutton, . . .	Danvers, . . .	1853,	1856,	Term expired.
Charles Edward Cook, .	Boston, . . .	1853,	1857,	Term expired.
* George R. Russell, . .	Roxbury, . . .	1853,	1858,	Term expired.
* George A. Crocker, . .	Taunton, . . .	1853,	1861,	Resigned.
* Charles R. Vickery, . .	Taunton, . . .	1854,	1855,	Term expired.
George Howland, Jr., .	New Bedford, .	1855,	—	Still in office.
* Menzies R. Randall, . .	Rehoboth, . . .	1856,	1862,	Term expired.
* James W. Sever, . . .	Boston, . . .	1857,	1858,	Removed.
* Charles Edward Cook, .	Boston, . . .	1858,	1873,	Term expired.
John M. Kinney, . . .	Wareham, . . .	1858,	1864,	Term expired.
* Charles R. Atwood, . .	Taunton, . . .	1861,	1877,	Died in office.
* Oliver Ames,	No. Easton, . .	1862,	1877,	Died in office.
Le Baron Russell, . . .	Boston, . . .	1864,	—	Still in office.
Simeon Borden,	Fall River, . .	1873,	—	Still in office.
William C. Lovering, . .	Taunton, . . .	1877,	—	Still in office.
* Samuel L. Crocker, . .	Taunton, . . .	1878,	1883,	Died in office.
Oakes A. Ames,	No. Easton, . .	1883,	—	Still in office.

* Deceased.

SUPERINTENDENTS

OF THE TAUNTON LUNATIC HOSPITAL.*

NAME.	Appointed.	Resigned.
Dr. George C. S. Choate, . . .	Oct. 4, 1853, . . .	May 1, 1870.
Dr. William W. Godding, . . .	May 1, 1870, . . .	Sept. 20, 1877.
Dr. John P. Brown,	March 1, 1878, . .	— —

* Hospital opened for patients April 7, 1854.



SEP 5 '40 W.P.A.

